

|                                                      |  |                                                                                                     |                            |                    |
|------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>CONTRACTOR USE ONLY</b>                           |  | CONTRACT NO.<br>N40085-12-C-7714                                                                    | TRANSMITTAL NO.<br>DR 1528 | DATE<br>10/13/2016 |
| FROM CONTRACTOR<br>Dragados USA - (B) (6)            |  | PROJECT TITLE AND LOCATION<br>P1383 & P1484 - New Base Entry Point and Road at the MCB Camp Lejeune |                            |                    |
| TO<br>OICC, (B) (6) Supervisory Construction Manager |  |                                                                                                     |                            |                    |

**CONTRACTOR USE ONLY**

\*List only one specification division per form

List only one of the following categories on each transmittal form.  
and indicate which is being submitted

☒ Contractor Approved

☐ OICC Approval

☐ Deviation/Substitution  
For OICC Approval

**REVIEWER USE ONLY**

**\*\* ACTION CODES**

A-Approved

D-Disapproved

AN-Approved as noted

RA-Receipt acknowledged

C-Comments

R-Resubmit

| ITEM NO | PROJ. SPEC. SECT. & PARA. and/or PROJ. DWG. NO | ITEM IDENTIFICATION<br>(Type, size, model no., Mfg name, dwg. or brochure number) | NO OF COPIES | ACTION CODES *** | REVIEWER'S INITIALS<br>CODE AND DATE |
|---------|------------------------------------------------|-----------------------------------------------------------------------------------|--------------|------------------|--------------------------------------|
| 1       | 01 45 00 00 20                                 | 10/4/2016 Daily Report                                                            | 1            |                  |                                      |
|         |                                                |                                                                                   |              |                  |                                      |
|         |                                                |                                                                                   |              |                  |                                      |
|         |                                                |                                                                                   |              |                  |                                      |

CONTRACTOR'S COMMENTS

|                           |                 |                                                  |
|---------------------------|-----------------|--------------------------------------------------|
|                           |                 | CONTRACTOR REPRESENTATIVE (Signature)<br>(B) (6) |
| DATE RECEIVED BY REVIEWER | FROM (Reviewer) | TO                                               |

- ☐ Submittals are returned with action indicated. Approval of an item does not include approval of any deviation from the contract requirements unless the contractor calls attention to and supports the deviation.
- ☐ Submittals are forwarded to LANTDIV with A-E recommendations indicated in REVIEWER USE ONLY Section and in comments below on ONE COPY of the transmittal form.

REVIEWER'S COMMENTS

|                                                 |      |           |
|-------------------------------------------------|------|-----------|
| COPIES TO<br>OICC (2)<br>LANTDIV (1)<br>A-E (1) | DATE | SIGNATURE |
|-------------------------------------------------|------|-----------|

| <b>CONTRACTOR QUALITY CONTROL REPORT</b>                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                          | <b>TUE 10/4/16</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--|
| (ATTACH ADDITIONAL SHEETS IF NECESSARY)                                                                                     |                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                          | 1527               |  |
| <b>PHASE</b>                                                                                                                | <b>CONTRACT NO:</b> N40085-12-C-7714                                                                                                                                                                                                                           | <b>CONTRACT TITLE:</b> P1383 & 1384 - New Base Entry Point and Road                                                                                                                     |                          |                    |  |
| <b>PREPARATORY</b>                                                                                                          | <b>WAS PREPARATORY PHASE WORK PERFORMED TODAY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br><b>IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.</b>                                                         |                                                                                                                                                                                         |                          |                    |  |
|                                                                                                                             | Schedule<br>Activity No.                                                                                                                                                                                                                                       | Definable Feature of Work                                                                                                                                                               | Index #                  |                    |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                          |                    |  |
| <b>INITIAL</b>                                                                                                              | <b>WAS INITIAL PHASE WORK PERFORMED TODAY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br><b>IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.</b>                                                                 |                                                                                                                                                                                         |                          |                    |  |
|                                                                                                                             | Schedule<br>Activity No.                                                                                                                                                                                                                                       | Definable Feature of Work                                                                                                                                                               | Index #                  |                    |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                     |                          |                    |  |
| <b>FOLLOW-UP</b>                                                                                                            | <b>WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br><b>WORK COMPLIES WITH SAFETY REQUIREMENTS?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                                                                                                                                         |                          |                    |  |
|                                                                                                                             | Schedule<br>Activity No.                                                                                                                                                                                                                                       | Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification<br>Section, Location and List of Personnel Present                                           |                          |                    |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                | <b>B&amp;E:</b> (B) (6) <b>RAIN (inches):</b> <b>FO gauge:</b> 0 <b>A6 gauge:</b> 0                                                                                                     |                          |                    |  |
|                                                                                                                             | <b>Weather</b>                                                                                                                                                                                                                                                 | Cool in early morning high 60's, warming through day to high 70's. Clear                                                                                                                |                          |                    |  |
|                                                                                                                             | <b>NCDENR</b>                                                                                                                                                                                                                                                  | Regular crew doing site inspection of erosion control measures, as well as maintenance works and fixes.                                                                                 |                          |                    |  |
|                                                                                                                             | <b>BP03390</b>                                                                                                                                                                                                                                                 | DUSA is placing NCDOT Class B concrete for island in median in Holcomb Bldv Inbound. A total of 18 yd3 were placed.                                                                     |                          |                    |  |
|                                                                                                                             | <b>BP08490<br/>BP08420</b>                                                                                                                                                                                                                                     | Utilities - ICI sub is preparing and placing forms for Drop Inlet top concrete aprons in area 4 and 3.                                                                                  |                          |                    |  |
|                                                                                                                             | <b>BP00280<br/>BP03240</b>                                                                                                                                                                                                                                     | Earthwork area 2. Triangle sub is shaping and grading slopes and constructing ditches in area 2.                                                                                        |                          |                    |  |
|                                                                                                                             | <b>BP01120<br/>BP01230<br/>BP01410</b>                                                                                                                                                                                                                         | Signalization . Sub is drilling holes and setting up supports for signs posts in area 1, 2, 3.                                                                                          |                          |                    |  |
|                                                                                                                             | <b>BP01240</b>                                                                                                                                                                                                                                                 | Sod - jackson sub is placing sod in slopes in area 2.                                                                                                                                   |                          |                    |  |
|                                                                                                                             | <b>BP01290<br/>BP01470<br/>BP01720</b>                                                                                                                                                                                                                         | Guard rail - Bullington sub is installing guard rail in BER area 3, 4, and 5.                                                                                                           |                          |                    |  |
|                                                                                                                             | <b>BP02860</b>                                                                                                                                                                                                                                                 | Pavement . Onslow sub is placing top asphalt pavement in BER SB area 2.                                                                                                                 |                          |                    |  |
|                                                                                                                             | <b>BP05600</b>                                                                                                                                                                                                                                                 | BHC - Hercules sub is installing 4' fence in the MPT side NB.                                                                                                                           |                          |                    |  |
|                                                                                                                             | <b>BP00640<br/>BP01190</b>                                                                                                                                                                                                                                     | Install Ligthing. T&D sub is installing lighth poles, wiring cable, connecting tie-inns for ligthing system and performing other miscellaneous works in areas 1, 2, and in Holcom Bldv. |                          |                    |  |
|                                                                                                                             | <b>BP00130<br/>BP00260</b>                                                                                                                                                                                                                                     | Erosion Control. DUSA is working in the inspection, maintenance, repairment of erosion control measures, and in Punch List in areas 1 and 2.                                            |                          |                    |  |
|                                                                                                                             | <b>BP02470<br/>BP02510</b>                                                                                                                                                                                                                                     | Mechanical - Humpreys sub is installing HVAC system in GH.<br>Finishes - Accoustical ceiling sub is finishing to install the ceiling tiles.                                             |                          |                    |  |
|                                                                                                                             | <b>**Note**</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                          |                    |  |
| <b>REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)</b>                                                   |                                                                                                                                                                                                                                                                | <b>REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)</b>                                                                                                                            |                          |                    |  |
|                                                                                                                             | Schedule<br>Activity No.                                                                                                                                                                                                                                       | Description                                                                                                                                                                             | Schedule<br>Activity No. | Description        |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                          |                    |  |
| <b>REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO"), Manuf. Rep On-Site, etc</b> |                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                          |                    |  |
|                                                                                                                             | Activity No.                                                                                                                                                                                                                                                   | Description                                                                                                                                                                             |                          |                    |  |

|                                                                                                                                                                                                                                                                                                  |             |                  |                                                              |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|--------------------------------------------------------------|---------|
| <b>CONTRACTOR QUALITY CONTROL REPORT</b><br>(ATTACH ADDITIONAL SHEETS IF NECESSARY)                                                                                                                                                                                                              |             |                  | TUE                                                          | 10/4/16 |
|                                                                                                                                                                                                                                                                                                  |             |                  |                                                              | 1527    |
| PHASE                                                                                                                                                                                                                                                                                            | CONTRACT NO | N40085-12-C-7714 | CONTRACT TITLE: P1383 & 1384 - New Base Entry Point and Road |         |
| <p>On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p> |             |                  |                                                              |         |
|                                                                                                                                                                                                                                                                                                  |             |                  | (B) (6)                                                      | 10/4/16 |
|                                                                                                                                                                                                                                                                                                  |             |                  | AUTHORIZED QC MANAGER AT SITE                                | DATE    |
| <b>GOVERNMENT QUALITY ASSURANCE REPORT</b>                                                                                                                                                                                                                                                       |             |                  | DATE                                                         |         |
| QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT                                                                                                                                                                                                                       |             |                  |                                                              |         |
|                                                                                                                                                                                                                                                                                                  |             |                  | (B) (6)                                                      | 1-5-17  |
|                                                                                                                                                                                                                                                                                                  |             |                  | GOVERNMENT QUALITY ASSURANCE MANAGER                         | DATE    |

Dragados - USA  
PO BOX 8408  
Camp Lejeune, NC 28547

10/05/2016

Attention (B) (6)

**RE:** Daily Field Report for 10/04/2016  
New Base Entry Point and Road - Dragados-USA  
Building & Earth Project No : RD120382

Ladies and Gentlemen:

On this date, representative(s) of Building & Earth were present to perform construction material testing services at this project site. Our testing and observations for this date include the following:

**CP-504 :** Our technician arrived at the site to perform field testing of concrete during plastic placement of Holcomb Blvd, Median Islands. Approximately 18 cubic yards of concrete were supplied by ST Wooten and placed by N/R. Concrete testing, including slump, air content, temperature, and molding of strength [cylinder](s) was performed in general accordance with relevant ASTM standards and at the rates outlined in the project specifications. The test specimens molded on this date will be picked up within 24-48 hours and placed in a controlled environment for final curing. See attached field test report for further test details.

**FO-1519 :** Field Observations made on this date.

- New Base Entry Road: Earthwork Observation
- New Base Entry Road: Concrete Sample Pick Up

For Information Only  
For Information Only

### Closing

The testing and observations identified above have been reviewed by our project manager. If you have questions regarding this information, please do not hesitate to contact us.

Respectfully Submitted,  
Building & Earth Sciences, LLP

**Enclosures :** CP-504, FO-1519



CP-504

Placement Date: 10/04/2016

Field Technician: (B) (6)

Laboratory Control Number: 117793

**Report of Concrete Field Placement - ASTM C31 (1)**

Project Name: New Base Entry Point and Road -  
Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 70-90

Weather: Overcast

Wind Conditions: Calm

Client's Rep: (B) (6)

Superintendent:

Field Data Reported to:

**Design & Specification Data**

|                                          |                                   |                                         |                                |                             |
|------------------------------------------|-----------------------------------|-----------------------------------------|--------------------------------|-----------------------------|
| Mix ID:<br>25214915 (1)<br>NCDOT Class B | Specified Strength (psi):<br>2500 | Specified Air Content (%):<br>4.5 - 7.5 | Specified Slump (in):<br>0 - 5 | Temperature (F):<br>50 - 95 |
| Concrete Supplier: ST Wooten             |                                   | Mix Type: Std.<br>Project Mix Design    | Target Unit Weight: N/R        |                             |

**Field & Placement Data**

|                                        |                                                                            |  |
|----------------------------------------|----------------------------------------------------------------------------|--|
| Structural Element:<br>Concrete Island | Method of Placement: Revolving Drum                                        |  |
|                                        | Method of Consolidation: none                                              |  |
| Location of Placement:                 | Holcomb Blvd / Median Islands                                              |  |
|                                        | 280' West of Pier Protection to 385'<br>West / Pier Protection to 92' East |  |

**Concrete Batch Information:**

| Load # | Truck # | Ticket # | Batch Time | Arrival Time | Time Finish Discharge | Water Added (gal) | Water Authorized By | Load Yardage (cy) | Cumulative Yardage (cy) |
|--------|---------|----------|------------|--------------|-----------------------|-------------------|---------------------|-------------------|-------------------------|
| 1      | 3150    | 14094927 | 09:46      | 10:05        | 10:40                 | -                 |                     | 5                 | 5                       |
| 2      | 3052    | 14094929 | 11:06      | 11:27        | 12:06                 | -                 |                     | 5                 | 10                      |
| 3      | 3150    | 14094930 | 13:08      | 13:26        | 14:03                 | -                 |                     | 8                 | 18                      |
|        |         |          |            |              |                       |                   |                     |                   |                         |
|        |         |          |            |              |                       |                   |                     |                   |                         |

**Concrete Field Test Data:**

| Load # | Air Temp. (°F)<br>ASTM C1064 | Mix Temp. (°F)<br>ASTM C1064 | Slump (in)<br>ASTM C143 | Air Content (%)<br>ASTM C173 (1) | Unit Weight (pcf)<br>ASTM C138 | Samples Cast<br>ASTM C31 | Sample Time | Sample Location                                                         |
|--------|------------------------------|------------------------------|-------------------------|----------------------------------|--------------------------------|--------------------------|-------------|-------------------------------------------------------------------------|
| 1      | 71° F                        | 76° F                        | 3.50                    | 5.5                              | 0.00                           | 6                        | 10:05       | 280' West of holcomb<br>Pier Protection to 385'<br>West Concrete Island |
| 2      | 72° F                        | 79° F                        | 3.00                    | 5.6                              | 0.00                           | 0                        |             |                                                                         |
| 3      | 72° F                        | 78° F                        | 4.00                    | 6.0                              | 0.00                           | 0                        |             |                                                                         |
|        |                              |                              |                         |                                  |                                |                          |             |                                                                         |
|        |                              |                              |                         |                                  |                                |                          |             |                                                                         |

(1) - Tests performed using stated ASTM procedure unless otherwise noted in the comments section.

(B) (6)

Reviewed By

## Field Observations Report

|               |                                                     |                 |                 |
|---------------|-----------------------------------------------------|-----------------|-----------------|
| Project Name: | <b>New Base Entry Point and Road - Dragados-USA</b> | Project Number: | <b>RD120382</b> |
| Client Name:  | <b>Dragados - USA</b>                               | Placement#:     | <b>FO-1519</b>  |
| Contractor:   | <b>Dragados - USA</b>                               | Technician:     | <b>(B) (6)</b>  |
| Monitoring:   | <b>Full Time</b>                                    |                 |                 |

### 1 : New Base Entry Road: Earthwork Observation

On this date a Building and Earth representative had been on site as requested to monitor earthwork activities on site in preparation for density testing. On this date Triangle Grading had been cutting and grading ditches and slopes in area 2 adjacent to Ramps N and O. No additional areas were prepared for testing on this date. According to the contractor earthwork will resume on October 5, 2016.

These observations were reported to **(B) (6)**, Dragados Quality Control Manager.

### 2 : New Base Entry Road: Concrete Sample Pick Up

Our representative obtained concrete test samples molded on October 3, 2016 from the site, transported the specimens to our laboratory, and placed them in a controlled curing environment. Our representative retrieved a total of 12 concrete cylinders from 2 sets. Strength testing will be performed on the test samples at various curing ages as directed in the project specifications.

Date of Issue 10/05/2016


**CP-482**  
Set#1

Placement Date: 09/06/2016

Field Technician: (B) (6)

Laboratory Control Number: 117657

### Report of Concrete Compressive Strength - ASTM C39

Project Name: New Base Entry Point and Road -  
Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 70-90  
Weather: Partly Cloudy  
Wind Conditions: Calm  
Client's Rep: (B) (6)  
Superintendent:  
Field Data Reported to:

### Design & Specification Data

|                              |                                   |                                         |                                |                             |
|------------------------------|-----------------------------------|-----------------------------------------|--------------------------------|-----------------------------|
| Mix ID:<br>25004920 Class A  | Specified Strength (psi):<br>3000 | Specified Air Content (%):<br>4.5 - 7.5 | Specified Slump (in):<br>2 - 5 | Temperature (F):<br>50 - 95 |
| Concrete Supplier: ST Wooten |                                   | Mix Type: Std.<br>Project Mix Design    | Target Unit Weight: N/R        |                             |

### Field & Placement Data

|                        |                                                          |                                          |
|------------------------|----------------------------------------------------------|------------------------------------------|
| Structural Element:    | Concrete Slope Protection                                | Method of Placement: Revolving Drum      |
|                        |                                                          | Method of Consolidation: none            |
| Location of Placement: | Wallace Creek Road Bridge /<br>End Bent Slope Protection | End Bents 1 and 2 / Panels A, C, E and G |
|                        |                                                          | Date Received in Lab: 09/08/2016         |

#### Concrete Batch Information:

| Load # | Truck # | Ticket # | Batch Time | Arrival Time | Time Finish Discharge | Water Added (gal) | Water Authorized By | Load Yardage (cy) | Cumulative Yardage (cy) |
|--------|---------|----------|------------|--------------|-----------------------|-------------------|---------------------|-------------------|-------------------------|
| 1      | 3114    | 14094808 | 09:45      | 10:00        | 11:15                 | -                 |                     | 4                 | 4                       |

#### Concrete Field Test Data:

| Load # | Air Temp. (°F)<br>ASTM C1064 | Mix Temp. (°F)<br>ASTM C1064 | Slump (in)<br>ASTM C143 | Air Content (%)<br>ASTM C173 (1) | Unit Weight (pcf)<br>ASTM C138 | Samples Cast<br>ASTM C31 | Sample Time | Sample Location                                               |
|--------|------------------------------|------------------------------|-------------------------|----------------------------------|--------------------------------|--------------------------|-------------|---------------------------------------------------------------|
| 1      | 77° F                        | 80° F                        | 4.25                    | 7.5                              | 0.00                           | 6                        | 10:05       | WCRB End Bents 1 and 2, Slope Protection Panels A, C, E and G |

#### Concrete Compressive Strength - ASTM C39

| Sample # | Test Date  | Sample Age | Sample Dimensions (in) | Sample Area (in sq) | Maximum Load (lbs) | Test Strength (psi) | Type of Fracture | Tested By | Testing Lab  |
|----------|------------|------------|------------------------|---------------------|--------------------|---------------------|------------------|-----------|--------------|
| 129428   | 09/13/2016 | 7d         | 4.01                   | 12.63               | 35520              | 2810                | 5                | JM        | Jacksonville |
| 129429   | 09/13/2016 | 7d         | 4.01                   | 12.63               | 35110              | 2780                | 5                | JM        | Jacksonville |
| 129430   | 10/04/2016 | 28d        | 4.00                   | 12.57               | 47655              | 3790                | 5                | JO        | Jacksonville |
| 129431   | 10/04/2016 | 28d        | 4.00                   | 12.57               | 47100              | 3750                | 5                | JO        | Jacksonville |
| 129432   | 10/04/2016 | 28d        | 4.00                   | 12.57               | 48435              | 3850                | 5                | JO        | Jacksonville |
| 129433   |            | DISCARDED  |                        |                     |                    |                     |                  |           |              |

These test results apply only to the specific samples tested and may not be indicative of the entire concrete placement. Reports may not be reproduced except in full, without the written permission of Building & Earth Sciences.

(B) (6)

Reviewed By

Date of Issue 10/05/2016


**CP-499**  
Set#1

Placement Date: 09/27/2016

Field Technician: (B) (6)

Laboratory Control Number: 117764

### Report of Concrete Compressive Strength - ASTM C39

Project Name: New Base Entry Point and Road - Dragados-USA  
 Project Number: RD120382  
 Project Location: Camp Lejeune, NC  
 Client: Dragados - USA  
 Contractor: N/R

Ambient Temperature: 70-90  
 Weather: Rain  
 Wind Conditions: Calm  
 Client's Rep: (B) (6)  
 Superintendent: (B) (6)  
 Field Data Reported to: (B) (6)

### Design & Specification Data

|                                          |                                   |                                         |                                |                             |
|------------------------------------------|-----------------------------------|-----------------------------------------|--------------------------------|-----------------------------|
| Mix ID:<br>25214915 (1)<br>NCDOT Class B | Specified Strength (psi):<br>2500 | Specified Air Content (%):<br>4.5 - 7.5 | Specified Slump (in):<br>0 - 5 | Temperature (F):<br>50 - 95 |
| Concrete Supplier: ST Wooten             |                                   | Mix Type: Std.<br>Project Mix Design    | Target Unit Weight: N/R        |                             |

### Field & Placement Data

|                                                               |                                     |
|---------------------------------------------------------------|-------------------------------------|
| Structural Element:<br>Drop Inlet Aprons                      | Method of Placement: Revolving Drum |
|                                                               | Method of Consolidation: none       |
| Location of Placement:<br>New Base Entry Road / Area 5 Median | Drop Inlets / Concrete Aprons       |
| Concrete Batch Information:                                   | Date Received in Lab: 09/28/2016    |

| Load # | Truck # | Ticket # | Batch Time | Arrival Time | Time Finish Discharge | Water Added (gal) | Water Authorized By | Load Yardage (cy) | Cumulative Yardage (cy) |
|--------|---------|----------|------------|--------------|-----------------------|-------------------|---------------------|-------------------|-------------------------|
| 1      | 3072    | 14094906 | 11:32      | 11:55        | 13:00                 | 5                 | ICI                 | 3                 | 3                       |

### Concrete Field Test Data:

| Load # | Air Temp. (°F)<br>ASTM C1064 | Mix Temp. (°F)<br>ASTM C1064 | Slump (in)<br>ASTM C143 | Air Content (%)<br>ASTM C173 (1) | Unit Weight (pcf)<br>ASTM C138 | Samples Cast<br>ASTM C31 | Sample Time | Sample Location                                                    |
|--------|------------------------------|------------------------------|-------------------------|----------------------------------|--------------------------------|--------------------------|-------------|--------------------------------------------------------------------|
| 1      | 84° F                        | 86° F                        | 3.00                    | 4.7                              | 0.00                           | 6                        | 11:55       | BER Area 5 Median Drop Inlet Aprons Structure numbers xx,xx and xx |

### Concrete Compressive Strength - ASTM C39

| Sample # | Test Date  | Sample Age | Sample Dimensions (in) | Sample Area (in sq) | Maximum Load (lbs) | Test Strength (psi) | Type of Fracture | Tested By | Testing Lab  |
|----------|------------|------------|------------------------|---------------------|--------------------|---------------------|------------------|-----------|--------------|
| 130275   | 10/04/2016 | 7d         | 4.00                   | 12.57               | 54115              | 4300                | 5                | JO        | Jacksonville |
| 130276   | 10/04/2016 | 7d         | 4.00                   | 12.57               | 53425              | 4250                | 5                | JO        | Jacksonville |
| 130277   |            | 28d        |                        |                     |                    |                     |                  |           |              |
| 130278   |            | 28d        |                        |                     |                    |                     |                  |           |              |
| 130279   |            | 28d        |                        |                     |                    |                     |                  |           |              |
| 130280   |            | SPARE      |                        |                     |                    |                     |                  |           |              |

These test results apply only to the specific samples tested and may not be indicative of the entire concrete placement. Reports may not be reproduced except in full, without the written permission of Building & Earth Sciences.

(B) (6)

Reviewed By

[illegible]

| CONTRACTOR PRODUCTION REPORT                                                                         |                      |                                                                        | DATE                      |
|------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------|---------------------------|
| (CONTINUATION SHEET)                                                                                 |                      |                                                                        | Tuesday, October 04, 2016 |
| CONTRACT NO                                                                                          |                      | TITLE AND LOCATION                                                     | REPORT NO                 |
| N40085-12-C-7714                                                                                     |                      | Camp Lejeune Base Entry Point and Road                                 | 1,474                     |
| CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER |                      |                                                                        |                           |
| Schedule Activity No.                                                                                | Owner                | Description of Construction Equipment Used Today (incl Make and Model) | Hours Used                |
| Not used                                                                                             | All Crane            | Dragados Rental: Manitowoc 999 Crane                                   | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: CAT Telehandler TL943C                                | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: CAT Telehandler TL943C                                | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: CAT Telehandler TL943C                                | 0                         |
| BP03990                                                                                              | All Crane            | Dragados Rental: CAT Telehandler TL943C                                | 8                         |
| Not used                                                                                             | All Crane            | Dragados Rental: CAT Loader 930K                                       | 0                         |
| BP03390                                                                                              | All Crane            | Dragados Rental: CAT Loader 930K                                       | 10                        |
| BP03390                                                                                              | Dragados             | Fork Lift                                                              | 10                        |
| BP03390                                                                                              | All Crane            | Aerial Lift                                                            | 10                        |
| Not used                                                                                             | All Crane            | S-45 Aerial Lift                                                       | 0                         |
| Not used                                                                                             | All Crane            | S-60 Aerial Lift                                                       | 0                         |
| Not used                                                                                             | All Crane            | S-60 Aerial Lift                                                       | 0                         |
| Not used                                                                                             | All Crane            | S-65 Aerial Lift                                                       | 0                         |
| Not used                                                                                             | All Crane            | S-80 Aerial Lift                                                       | 0                         |
| Not used                                                                                             | Dragados             | Plate Tamp                                                             | 0                         |
| Not used                                                                                             | Dragados             | Dozer                                                                  | 0                         |
| Not used                                                                                             | Dragados             | Skid Steer                                                             | 0                         |
| Not used                                                                                             | Dragados             | Skid Steer                                                             | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: Grove RT9100 100 Ton Crane                            | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: HSL-138 Link Belt 80 Ton                              | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: HSL-138 Link Belt 80 Ton                              | 0                         |
| Not used                                                                                             | Dragados             | Excavator                                                              | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: 999                                                   | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: 65 Ton Link Belt Crane                                | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: Link Belt RTC-8065 65 Ton                             | 0                         |
| Not used                                                                                             | All Crane            | Dragados Rental: Link Belt RTC-8065 65 Ton                             | 0                         |
| Not used                                                                                             | Dragados             | Nikon Total Station                                                    | 0                         |
| Not used                                                                                             | Dragados             | Nikon Total Station                                                    | 0                         |
| Not used                                                                                             | Dragados             | Nikon Total Station                                                    | 0                         |
| Not used                                                                                             | Dragados             | Nikon Total Station                                                    | 0                         |
| Not used                                                                                             | Dragados             | Nikon Total Station                                                    | 0                         |
| Not used                                                                                             | Dragados             | Auto Level                                                             | 0                         |
| Not used                                                                                             | Dragados             | Auto Level                                                             | 0                         |
| Not used                                                                                             | Dragados             | Auto Level                                                             | 0                         |
| Not used                                                                                             | Dragados             | Topcon GPS Hyperlite                                                   | 0                         |
| Not used                                                                                             | Dragados             | Topcon GPS Hyperlite                                                   | 0                         |
| Not used                                                                                             | Dragados             | Topcon GPS Hyperlite                                                   | 0                         |
| Not used                                                                                             | Dragados             | Topcon GPS Hyperlite                                                   | 0                         |
| Not used                                                                                             | Dragados             | Topcon AZ Level                                                        | 0                         |
| Not used                                                                                             | Dragados             | Topcon AT B4                                                           | 0                         |
| Not used                                                                                             | GeoQuip              | Dragados Rental: 7260 Crane                                            | 0                         |
| Not used                                                                                             | Gregory Poole        | Dragados Rental: 950-H Loader                                          | 0                         |
| Not used                                                                                             | Gregory Poole        | Dragados Rental: 340 Mini Excavator                                    | 0                         |
| Not used                                                                                             | Gregory Poole        | Dragados Rental: 304 Mini Excavator                                    | 0                         |
| Not used                                                                                             | Gregory Poole        | Dragados Rental: 340 Mini Excavator                                    | 0                         |
| Not used                                                                                             | Gregory Poole        | Dragados Rental: 320L Excavator                                        | 0                         |
| Not used                                                                                             | Gregory Poole        | Dragados Rental: 320L Excavator                                        | 0                         |
| Not used                                                                                             | United Rentals       | Dragados Rental: Straw blower (used by Jackson's lawn)                 | 0                         |
| Not used                                                                                             | Advance Concrete     | Quickie Saw Hasagavama                                                 | 0                         |
| Not used                                                                                             | B&E                  | Nuclear Gauge 31717                                                    | 0                         |
| Not used                                                                                             | B&H                  | Aerial Lift                                                            | 0                         |
| Not used                                                                                             | Blount Sanford       | 8511 Machine Miller                                                    | 0                         |
| Not used                                                                                             | Bullington Construct | Pounder                                                                | 0                         |
| Not used                                                                                             | Carolina Signals     | Ditch Witch Trencher                                                   | 0                         |
| Not used                                                                                             | Carolina Signals     | Kubota Mini Excavator                                                  | 0                         |
| Not used                                                                                             | Carolina Signals     | International Loop Truck                                               | 0                         |
| Not used                                                                                             | CDCI                 | 312 Cat Skid Steer                                                     | 0                         |
| Not used                                                                                             | CDCI                 | Taukuchi Excavator                                                     | 0                         |
| Not used                                                                                             | CDCI                 | E-271 Front End Loader                                                 | 0                         |
| Not used                                                                                             | CDCI                 | E293 CAT D5 Dozer                                                      | 0                         |
| Not used                                                                                             | Charles Hughes       | Skid Steer                                                             | 0                         |
| Not used                                                                                             | Charles Hughes       | Mini Excavator                                                         | 0                         |
| Not used                                                                                             | Clark Pavement       | Striper                                                                | 0                         |
| Not used                                                                                             | Clark Pavement       | Eradicator                                                             | 0                         |
| Not used                                                                                             | Coastal Geothermal   | DR 120 Drill Rig                                                       | 0                         |
| Not used                                                                                             | Coastal Geothermal   | DR 120 Drill Rig                                                       | 0                         |
| Not used                                                                                             | Coastal Geothermal   | Case 580L                                                              | 0                         |
| Not used                                                                                             | Coastal Geothermal   | JCB 506-C Fork Lift                                                    | 0                         |
| Not used                                                                                             | Coastal Geothermal   | Geo Loop 50/500 grout plant                                            | 0                         |
| Not used                                                                                             | Coastal Geothermal   | Cat Mini X                                                             | 0                         |
| Not used                                                                                             | Curtis Construction  | Lull Forklift                                                          | 0                         |
| Not used                                                                                             | Curtis Construction  | Genie 80'                                                              | 0                         |
| Not used                                                                                             | Curtis Construction  | JLG 60' Manlift                                                        | 0                         |
| Not used                                                                                             | Curtis Construction  | Sky Jack                                                               | 0                         |
| Not used                                                                                             | Curtis Construction  | Panel & Soffit machine                                                 | 0                         |
| Not used                                                                                             | Curtis Construction  | Dump truck                                                             | 0                         |
| Not used                                                                                             | Delta Contracting    | Wirtgen W220 Mill                                                      | 0                         |
| Not used                                                                                             | Delta Contracting    | International Water Truck                                              | 0                         |
| Not used                                                                                             | Delta Contracting    | Chevrolet 3500 Truck                                                   | 0                         |
| Not used                                                                                             | Dixie Dozer          | Backhoe / Loader                                                       | 0                         |
| Not used                                                                                             | Elite                | Komatsu 270                                                            | 0                         |
| Not used                                                                                             | Group III            | Aerial Lift JLG 600S                                                   | 0                         |
| Not used                                                                                             | Group II             | JLG 20MLV                                                              | 0                         |
| Not used                                                                                             | Group II             | New Holland Skid Steer LX865                                           | 0                         |
| Not used                                                                                             | GW Cantrell          | Roller Compactor                                                       | 0                         |
| BP05730                                                                                              | Hercules             | Drill                                                                  | 7                         |
| BP05730                                                                                              | Hercules             | Impact Hammer                                                          | 7                         |

|          |                     |                             |      |
|----------|---------------------|-----------------------------|------|
| BP06730  | Hercules            | Bobcat                      | 1    |
| Not used | Industrial Concrete | Kabota mini-ex              | 0    |
| Not used | Industrial Concrete | Bobcat                      | 0    |
| Not used | Jackson Lawn        | Straw Blower                | 0    |
| Not used | Jackson Lawn        | Hydroseeder                 | 0    |
| Not used | Jackson Lawn        | Water Truck                 | 0    |
| Not used | Jackson Lawn        | New Holland Bobcat          | 0    |
| Not used | Jackson Lawn        | Mini Excavator              | 0    |
| Not used | Jackson Lawn        | Lawn Mower                  | 0    |
| BP01240  | Jackson Lawn        | Magnum Sod Machine          | 8    |
| Not used | J T Yates           | Scissor Lift/SkyJack        | 0    |
| Not used | J T Yates           | Aerial Lift (Neff) #2074017 | 0    |
| Not used | Kelly Plumbing      | Mini Excavator              | 0    |
| Not used | Kelly Plumbing      | Plate Tamp                  | 0    |
| Not used | Kelly Plumbing      | Bobcat E32                  | 0    |
| Not used | Lee Mechanical      | Manlift x 2                 | 0    |
| Not used | Martin-Pinero       | Welding Machine GX300       | 0    |
| Not used | Menard              | 218 100 ton Link Belt       | 0    |
| Not used | Menard              | Komatsu Excavator 380       | 0    |
| Not used | Menard              | John Deere front end loader | 0    |
| BP00710  | Midasco             | 2029 F-450                  | 10.5 |
| BP00710  | Midasco             | 4015 Excav                  | 10.5 |
| BP00710  | Midasco             | 709 Trailer                 | 10.5 |
| BP00710  | Midasco             | 379 Bucket                  | 10.5 |
| BP00710  | Midasco             | 510 Enclosed Trailer        | 10.5 |
| Not used | Morton Trucking     | Power Curber 5700-C         | 0    |
| Not used | Onslow Grading      | 120 CAT Grader              | 0    |
| Not used | Onslow Grading      | CAT Roller                  | 0    |
| Not used | Onslow Grading      | CAT Roller                  | 0    |
| Not used | Onslow Grading      | Motor Grader CAT DH 6540    | 0    |
| Not used | Onslow Grading      | Dyna Pac Roller             | 0    |
| Not used | Onslow Grading      | CAT 1000 Paver JB103        | 0    |
| Not used | Onslow Grading      | CAT Paver 600-D JB-105      | 0    |
| Not used | Onslow Grading      | CAT Paver JB 107            | 0    |
| BP00530  | Onslow Grading      | CAT Paver                   | 11.5 |
| Not used | Onslow Grading      | Hypac 766C Roller           | 0    |
| Not used | Onslow Grading      | Hypac Roller JB 205         | 0    |
| Not used | Onslow Grading      | CAT Backhoe JB 508          | 0    |
| BP00530  | Onslow Grading      | CAT Backhoe                 | 11.5 |
| Not used | Onslow Grading      | CAT Backhoe                 | 0    |
| Not used | Onslow Grading      | Sakai Roller                | 0    |
| BP00530  | Onslow Grading      | Sakai Roller                | 11.5 |
| BP00530  | Onslow Grading      | Bomag Roller                | 11.5 |
| Not used | Onslow Grading      | Bomag Roller                | 0    |
| Not used | Onslow Grading      | Laymore 8HC Broom           | 0    |
| Not used | Onslow Grading      | CAT 224D Roller             | 0    |
| Not used | Onslow Grading      | Broom Tractor               | 0    |
| Not used | Onslow Grading      | Broom Tractor               | 0    |
| Not used | Onslow Grading      | Water Truck F700            | 0    |
| Not used | Onslow Grading      | Transfer Buggy              | 0    |
| Not used | Onslow Grading      | Vibratory Soil Compactors   | 0    |
| Not used | RB Group            | Cx 130 Case Excavator       | 0    |
| Not used | RB Group            | 1273 Loader                 | 0    |
| Not used | Rush Masonry        | 644 Lull #6                 | 0    |
| Not used | Seashore            | Forklift 6035               | 0    |
| BP01540  | TCSS                | 3500 HD 2016                | 10   |
| BP01540  | TCSS                | BoomTruck 2005              | 10   |
| BP01540  | TCSS                | Tractor                     | 10   |
| Not used | T&D Solutions       | Backhoe #7409               | 0    |
| BP01190  | T&D Solutions       | Backhoe #7150               | 12   |
| BP01190  | T&D Solutions       | Truck #885                  | 12   |
| Not used | T&D Solutions       | Truck #2091                 | 0    |
| Not used | T&D Solutions       | Truck #886                  | 0    |
| Not used | T&D Solutions       | Truck 719                   | 0    |
| Not used | T&D Solutions       | Truck # 9246                | 0    |
| Not used | T&D Solutions       | Truck # 9257                | 0    |
| Not used | T&D Solutions       | Line Truck #2285            | 0    |
| BP01190  | T&D Solutions       | Line Truck #2283            | 12   |
| Not used | T&D Solutions       | Line Truck #2153            | 0    |
| Not used | T&D Solutions       | Trailer #3338               | 0    |
| Not used | Triangle            | 1611 Roller                 | 0    |
| Not used | Triangle            | 1611 Roller                 | 0    |
| Not used | Triangle            | 1065 Roller                 | 0    |
| Not used | Triangle            | 1281 Roller                 | 0    |
| Not used | Triangle            | 1519 Roller                 | 0    |
| BP03700  | Triangle            | 1519 Roller                 | 0    |
| Not used | Triangle            | 1519 Roller                 | 0    |
| Not used | Triangle            | 978 Dynapac Roller          | 0    |
| Not used | Triangle            | 1609 Roller Ingersoll       | 0    |
| Not used | Triangle            | 813 Trackhoe                | 0    |
| Not used | Triangle            | 1029 JD Tractor             | 0    |
| Not used | Triangle            | 1029 JD Tractor             | 0    |
| Not used | Triangle            | 721 Tractor                 | 0    |
| Not used | Triangle            | 1026 Tractor                | 0    |
| Not used | Triangle            | 1564 Pan                    | 0    |
| Not used | Triangle            | 4850 JD with tiller         | 0    |
| Not used | Triangle            | 9400 JD with drag           | 0    |
| Not used | Triangle            | Sakai Roller                | 0    |
| Not used | Triangle            | 345 Backhoe                 | 0    |
| Not used | Triangle            | 1431 Backhoe                | 0    |
| Not used | Triangle            | 1593 Excavator              | 0    |
| Not used | Triangle            | 813 Excavator               | 0    |
| Not used | Triangle            | 1085 Excavator              | 0    |
| Not used | Triangle            | 1223 Excavator              | 0    |
| Not used | Triangle            | 1417 Excavator              | 0    |

|          |            |                          |   |
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| Not used | Triangle   | 1182 Excavator           | 0 |
| Not used | Triangle   | 1362 Excavator           | 0 |
| Not used | Triangle   | 1648 Excavator           | 0 |
| Not used | Triangle   | 1552 Excavator           | 0 |
| Not used | Triangle   | 1185 Excavator           | 0 |
| BP03240  | Triangle   | 1430 Excavator           | 0 |
| Not used | Triangle   | 1410 Excavator           | 0 |
| Not used | Triangle   | 1142 Excavator           | 0 |
| Not used | Triangle   | Long Reach Excavator     | 0 |
| Not used | Triangle   | Takeuchi TB 138          | 0 |
| Not used | Triangle   | 1014 644J JD Excavator   | 0 |
| Not used | Triangle   | 300LC Excavator          | 0 |
| Not used | Triangle   | 1584 Scraper             | 0 |
| Not used | Triangle   | 1417 JD 270              | 0 |
| Not used | Triangle   | CAT 320E                 | 0 |
| Not used | Triangle   | 300 Komatsu              | 0 |
| Not used | Triangle   | 960 JD                   | 0 |
| Not used | Triangle   | 962g CAT Loader          | 0 |
| Not used | Triangle   | B35D Bell Hauler         | 0 |
| Not used | Triangle   | 1029 JD Loader           | 0 |
| Not used | Triangle   | Widener 1589             | 0 |
| Not used | Triangle   | 1320 862 JD              | 0 |
| BP03700  | Triangle   | 1014 Loader              | 0 |
| BP03700  | Triangle   | 1014 Loader              | 0 |
| Not used | Triangle   | 1014 Loader              | 0 |
| Not used | Triangle   | 1076 Loader              | 0 |
| Not used | Triangle   | 1076 Loader              | 0 |
| Not used | Triangle   | 1076 Loader              | 0 |
| Not used | Triangle   | 1273 Loader              | 0 |
| Not used | Triangle   | 955 Loader               | 0 |
| Not used | Triangle   | L-150 Volvo Loader (955) | 0 |
| Not used | Triangle   | 930 CAT Loader 1026      | 0 |
| Not used | Triangle   | CAT Rubber Tire          | 0 |
| Not used | Triangle   | 158 Rock Box             | 0 |
| Not used | Triangle   | 158 Dozer                | 0 |
| Not used | Triangle   | 1504 Dozer               | 0 |
| Not used | Triangle   | 896 Dozer                | 0 |
| Not used | Triangle   | 1232 Dozer               | 0 |
| BP03240  | Triangle   | 1232 Dozer               | 0 |
| Not used | Triangle   | 1232 Dozer               | 0 |
| Not used | Triangle   | 1657 Dozer               | 0 |
| Not used | Triangle   | 1657 Dozer               | 0 |
| BP03700  | Triangle   | Motor Grader 1011        | 0 |
| Not used | Triangle   | Motor Grader 1011        | 0 |
| Not used | Triangle   | Motor Grader 1011        | 0 |
| Not used | Triangle   | TS 31 Terex Off Road     | 0 |
| Not used | Triangle   | TS 34 Terex Off Road     | 0 |
| Not used | Triangle   | 7106 Terex               | 0 |
| Not used | Triangle   | Skid Steer 1577          | 0 |
| Not used | Triangle   | 8300 JD Disk             | 0 |
| Not used | Triangle   | Water Truck 3422         | 0 |
| Not used | Triangle   | Water Truck 1593         | 0 |
| Not used | Triangle   | Water Tank               | 0 |
| Not used | Trueline   | Backhoe                  | 0 |
| Not used | Trueline   | Welder                   | 0 |
| Not used | Truss Link | Man Boom                 | 0 |
| Not used | Truss Link | Sissorlift               | 0 |
| Not used | Truss Link | Forklift                 | 0 |
| Not used | Yto-Eta    | Genie Lift 222972        | 0 |
| Not used | Yto-Eta    | Aenal Lift               | 0 |

4-16 Weather cloudy  
S M T W Th F S  
Erosion Control

**Signature:**

(6) (B)

|         | 1 | 2 | 3 | 4 | 5 | 6  | 7 | 8 | 9 | 10 | 11 | 12 | Total | INJURY? | INITIAL |
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| (B) (6) |   |   |   |   |   |    |   |   |   |    |    |    |       |         |         |
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| (B) (6) |   |   |   |   |   |    |   |   |   |    |    |    |       |         |         |
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|                                                                                                                                                                 |          |         |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|----------|
| NOTE 1                                                                                                                                                          | EVR CODE | NOTE 7  | EVR CODE |
| BPODDQ - constructing ditch + slopes<br>preparing for seal. See bottom of<br>page.                                                                              |          |         |          |
| NOTE 2                                                                                                                                                          | EVR CODE | NOTE 8  | EVR CODE |
| BPODDQ - 2nd day with Doug on<br>Ramp T slope little to nothing done.<br>Ramp T ditch, re-construct and rip out<br>clean soil off fence. Cutting crossover out. |          |         |          |
| NOTE 3                                                                                                                                                          | EVR CODE | NOTE 9  | EVR CODE |
| BPODDQ - Cutting crossover out helping<br>erosion measures to road ditch and<br>shoulder work near center.                                                      |          |         |          |
| NOTE 4                                                                                                                                                          | EVR CODE | NOTE 10 | EVR CODE |
|                                                                                                                                                                 |          |         |          |
| NOTE 5                                                                                                                                                          | EVR CODE | NOTE 11 | EVR CODE |
|                                                                                                                                                                 |          |         |          |
| NOTE 6                                                                                                                                                          | EVR CODE | NOTE 12 | EVR CODE |
|                                                                                                                                                                 |          |         |          |

NOTE 1: 10 am to 11 am Erosion crew assisted John Pike and triangle with  
a drainage pipe issue. We gave them 100 ft. of woven fabric, staples, and three  
dump truck loads of class B riprap.

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### DAILY WORK SITE SAFETY INSPECTION

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Site-wide

Y=Yes, N= No, NA=Not applicable

| Pre-Work                                                                      |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
|-------------------------------------------------------------------------------|---|----|-----------------------------------------------------------------------|---|---|----|----------------------------------------------|---|---|----|---------------------------------------------|
| Y                                                                             | N | NA |                                                                       | Y | N | NA |                                              | Y | N | NA |                                             |
| x                                                                             |   |    | AHA reviewed and signed by all members, and posted                    | x |   |    | SDS Sheets obtained and available            |   |   |    |                                             |
| x                                                                             |   |    | Daily Risk Assessment communicated, understood and signed by workers? | x |   |    | Quality Control Been Notified of operation   |   |   |    |                                             |
| x                                                                             |   |    | All required permits obtained                                         | x |   |    | Area Walked Through / Inspected              |   |   |    |                                             |
| x                                                                             |   |    | Competent Person List (can be on AHA)                                 | x |   |    | Necessary Tools and Equipment Present        |   |   |    |                                             |
| <b>Personal Protective Equipment</b>                                          |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
| Y                                                                             | N | NA |                                                                       | Y | N | NA |                                              | Y | N | NA |                                             |
| x                                                                             |   |    | Hardhat bills forward                                                 | x |   |    | Reflective Vests                             |   |   | x  | Face shields                                |
| x                                                                             |   |    | Safety glasses                                                        | x |   |    | Gloves                                       |   |   | x  | Welding hood and gloves                     |
| x                                                                             |   |    | Leatherwork Boot                                                      | x |   |    | Hearing Protection                           |   |   | x  | Burning goggles                             |
| <b>Fall Protection (100% Fall Protection Required at six feet or greater)</b> |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
|                                                                               |   | x  | Guardrail system checked                                              |   |   | x  | Harness and lanyards checked                 |   |   | x  | Horizontal lifeline checked                 |
|                                                                               |   | x  | Floor Openings covered                                                |   |   | x  | Roof Opening guarded                         |   |   | x  | Wall openings guarded                       |
|                                                                               |   | x  | Blue fencing up                                                       |   |   | x  | Netting checked                              |   |   |    |                                             |
| <b>Ladders and Scaffolding</b>                                                |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
|                                                                               |   | x  | Ladder tied off                                                       |   |   | x  | Ladder extended three feet                   |   |   | x  | Stepladders in open position                |
|                                                                               |   | x  | Scaffold inspected and tagged                                         |   |   | x  | Sections properly pinned                     |   |   | x  | Components not damaged                      |
|                                                                               |   | x  | Ladder access for scaffold                                            |   |   | x  | Handrail in place                            |   |   | x  | Planking secured                            |
| <b>Housekeeping</b>                                                           |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
| x                                                                             |   |    | Material stacked orderly                                              |   |   | x  | Trash cans in work area                      | x |   |    | Debris removed                              |
| x                                                                             |   |    | Cords and hoses off floor                                             | x |   |    | Access maintained                            |   |   |    |                                             |
| <b>Hoisting and Rigging Equipment</b>                                         |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
|                                                                               |   | x  | Daily crane inspection                                                |   |   | x  | One-eye per hook                             |   |   | x  | Slings/chokers stored                       |
|                                                                               |   | x  | Qualified rigger named                                                |   |   | x  | Safety latch on hook checked                 |   |   | x  | Cranes flagged off                          |
|                                                                               |   | x  | Slings/chokers inspected                                              |   |   | x  | Knowledge of crane signals                   |   |   | x  | Lift zone designated                        |
| <b>Mobile Equipment</b>                                                       |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
| x                                                                             |   |    | Operator License                                                      | x |   |    | Equipment Manual                             | x |   |    | Daily Equipment Inspection                  |
| x                                                                             |   |    | Seatbelts used                                                        | x |   |    | Workers trained                              | x |   |    | Blind Spots to those around                 |
| x                                                                             |   |    | Backup alarms working                                                 | x |   |    | Spotters used when needed                    | x |   |    | Eye Contact Being Made                      |
| <b>Excavations</b>                                                            |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
|                                                                               |   | x  | Competent person named                                                |   |   | x  | Shore / shield / slope / bench proper        |   |   | x  | Excavation checked daily                    |
|                                                                               |   | x  | Proper access/egress                                                  |   |   | x  | Spoil pile 2' from edge                      |   |   | x  | Workers trained                             |
|                                                                               |   | x  | Excavation Permits/Locates                                            |   |   | x  | Pot-holing Performed                         |   |   | x  | Verification of ID'd Utilities              |
| <b>Temporary Barricades</b>                                                   |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
|                                                                               |   | x  | Proper tape used (Red-Danger, Yellow-Caution)                         |   |   | x  | All sides of work area barricaded            |   |   | x  | Barricade removed or disposed of properly   |
| <b>Electrical</b>                                                             |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
| x                                                                             |   |    | Cords checked for damage                                              |   |   | x  | Current inspection color on cords            |   |   | x  | GFCI working                                |
| <b>Environmental</b>                                                          |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
| x                                                                             |   |    | Silt fencing checked                                                  | x |   |    | Spill kit readily available                  | x |   |    | Haz-Com plan posted in work areas           |
|                                                                               | x |    | Any spills occur today?                                               |   |   |    | Estimated hazardous material generated today | x |   |    | Fueling area meets Dragados/FD requirements |
| Any Environmental Concerns?                                                   |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |
| Comments                                                                      |   |    |                                                                       |   |   |    |                                              |   |   |    |                                             |

INSPECTION PERFORMED BY: (Print & Signature)

(B) (6)

TITLE:

Foreman

DATE:

10-1-16

# DAILY RISK ASSESSMENT

**DRAGADOS USA**

Safety : (B) (6)  
Project Manager:

Super: (B) (6)  
Job #:

Foreman: (B) (6)  
Date and Time: 10/4/16 7:05

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| TASKS                 | HAZARDS        | CORRECTIVE ACTIONS                            | RISK |
|-----------------------|----------------|-----------------------------------------------|------|
| 1 Erosion Maintenance | 1 Footing      | 1 assessing area before tasking               |      |
| 2                     | 2 Hot weather  | 2 Hydrate and take cool down breaks           |      |
| 3                     | 3 pinch points | 3 stay alert & keep eye contact with operator |      |
| 4                     | 4 traffic      | 4 stay alert watch traffic and fellow worker  |      |
| 5                     |                |                                               |      |
| 6                     |                |                                               |      |
| 7                     |                |                                               |      |
| 8                     |                |                                               |      |
| 9                     |                |                                               |      |
| 10                    |                |                                               |      |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

EVACUATION ROUTE What is your evacuation route and assembly point?

EMERGENCY #

CREW SIGNATURES

CREW SIGNATURES

Print (B) (6) Signature: (B) (6) Date: 10-4-16  
 Print (B) (6) Signature: (B) (6) Date: 10-4-16  
 Print (B) (6) Signature: (B) (6) Date: 10-4-16  
 Print (B) (6) Signature: (B) (6) Date: 10-4-16

6  
 B

**Signature:**

Date 10/4/16 Weather 87

87

**DRAGADOS USA**

**CREW Bridge Crew**

[illegible]

|                                             |                                    |          |         |          |
|---------------------------------------------|------------------------------------|----------|---------|----------|
| NOTE 1                                      | h. b. concrete slab in the median. | EVR CODE | NOTE 7  | EVR CODE |
| Pour concrete                               |                                    | no code  |         |          |
| 3 trucks coming at 10 7 yards on each truck | BPO3390                            |          |         |          |
|                                             |                                    |          |         |          |
| NOTE 2                                      |                                    | EVR CODE | NOTE 8  | EVR CODE |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
| NOTE 3                                      |                                    | EVR CODE | NOTE 9  | EVR CODE |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
| NOTE 4                                      |                                    | EVR CODE | NOTE 10 | EVR CODE |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
| NOTE 5                                      |                                    | EVR CODE | NOTE 11 | EVR CODE |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
| NOTE 6                                      |                                    | EVR CODE | NOTE 12 | EVR CODE |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |
|                                             |                                    |          |         |          |

113

10/12/14

## .WORK SITE SAFETY INSPECTION

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Site-Wide

**INSTRUCTIONS:** Performed daily by subcontractor superintendent/foreman of work area responsible for. Daily Work Site Safety Inspections will be maintained at subcontractor project location and available for inspection by The Dragados USA Health and Safety Department.

Y=Yes, N= No, NA=Not applicable

### Pre-Work

| Y | N                        | NA                       |                                                                       | Y | N                        | NA                       |                                            |
|---|--------------------------|--------------------------|-----------------------------------------------------------------------|---|--------------------------|--------------------------|--------------------------------------------|
| X | <input type="checkbox"/> | <input type="checkbox"/> | AHA reviewed and signed by all members, and posted.                   | X | <input type="checkbox"/> | <input type="checkbox"/> | SDS Sheets obtained and available          |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Daily Risk Assessment communicated, understood and signed by workers? | X | <input type="checkbox"/> | <input type="checkbox"/> | Quality Control Been Notified of operation |
| X | <input type="checkbox"/> | <input type="checkbox"/> | All required permits obtained                                         | X | <input type="checkbox"/> | <input type="checkbox"/> | Area Walked Through / Inspected            |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Competent Person List (can be on AHA)                                 | X | <input type="checkbox"/> | <input type="checkbox"/> | Necessary Tools and Equipment Present      |

### Personal Protective Equipment

| Y | N                        | NA                       |                       | Y | N                        | NA                       |                         |
|---|--------------------------|--------------------------|-----------------------|---|--------------------------|--------------------------|-------------------------|
| X | <input type="checkbox"/> | <input type="checkbox"/> | Hardhat bills forward | X | <input type="checkbox"/> | <input type="checkbox"/> | Reflective Vests        |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Safety glasses        | X | <input type="checkbox"/> | <input type="checkbox"/> | Gloves                  |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Leatherwork Boot      | X | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Protection      |
|   |                          |                          |                       |   |                          |                          | Face shields            |
|   |                          |                          |                       |   |                          |                          | Welding hood and gloves |
|   |                          |                          |                       |   |                          |                          | Burning goggles         |

### Fall Protection (100% Fall Protection Required at six feet or greater)

|                          |                          |   |                          |                          |                          |   |                              |                          |                          |   |                             |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|---|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | X | Guardrail system checked | <input type="checkbox"/> | <input type="checkbox"/> | X | Harness and lanyards checked | <input type="checkbox"/> | <input type="checkbox"/> | X | Horizontal lifeline checked |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Floor Openings covered   | <input type="checkbox"/> | <input type="checkbox"/> | X | Roof Opening guarded         | <input type="checkbox"/> | <input type="checkbox"/> | X | Wall openings guarded       |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Blue fencing up          | <input type="checkbox"/> | <input type="checkbox"/> | X | Netting checked              | <input type="checkbox"/> | <input type="checkbox"/> | X |                             |

### Ladders and Scaffolding

|                          |                          |   |                               |                          |                          |   |                            |                          |                          |    |                              |
|--------------------------|--------------------------|---|-------------------------------|--------------------------|--------------------------|---|----------------------------|--------------------------|--------------------------|----|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | X | Ladder tied off               | <input type="checkbox"/> | <input type="checkbox"/> | X | Ladder extended three feet | <input type="checkbox"/> | <input type="checkbox"/> | X  | Stepladders in open position |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Scaffold inspected and tagged | <input type="checkbox"/> | <input type="checkbox"/> | X | Sections properly pinned   | <input type="checkbox"/> | <input type="checkbox"/> | X  | Components not damaged       |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Ladder access for scaffold    | <input type="checkbox"/> | <input type="checkbox"/> | X | Handrail in place          | <input type="checkbox"/> | <input type="checkbox"/> | XX | Planking secured             |

### Housekeeping

|   |                          |                          |                           |                          |                          |                          |                         |                          |                          |                          |                |
|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|----------------|
| X | <input type="checkbox"/> | <input type="checkbox"/> | Material stacked orderly  | <input type="checkbox"/> | <input type="checkbox"/> | X                        | Trash cans in work area | X                        | <input type="checkbox"/> | <input type="checkbox"/> | Debris removed |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Cords and hoses off floor | X                        | <input type="checkbox"/> | <input type="checkbox"/> | Access maintained       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |

### Hoisting and Rigging Equipment

|                          |                          |   |                          |                          |                          |   |                              |                          |                          |   |                      |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|---|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | X | Daily crane inspection   | <input type="checkbox"/> | <input type="checkbox"/> | X | One-eye per hook             | <input type="checkbox"/> | <input type="checkbox"/> | X | Sling/chokers stored |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Qualified rigger named   | <input type="checkbox"/> | <input type="checkbox"/> | X | Safety latch on hook checked | <input type="checkbox"/> | <input type="checkbox"/> | X | Cranes flagged off   |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Slings/chokers inspected | <input type="checkbox"/> | <input type="checkbox"/> | X | Knowledge of crane signals   | <input type="checkbox"/> | <input type="checkbox"/> | X | Lift zone designated |

### Mobile Equipment

|   |                          |                          |                       |   |                          |                          |                           |   |                          |                          |                             |
|---|--------------------------|--------------------------|-----------------------|---|--------------------------|--------------------------|---------------------------|---|--------------------------|--------------------------|-----------------------------|
| X | <input type="checkbox"/> | <input type="checkbox"/> | Operator License      | X | <input type="checkbox"/> | <input type="checkbox"/> | Equipment Manual          | X | <input type="checkbox"/> | <input type="checkbox"/> | Daily Equipment Inspection  |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts used        | X | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained           | X | <input type="checkbox"/> | <input type="checkbox"/> | Blind Spots to those around |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Backup alarms working | X | <input type="checkbox"/> | <input type="checkbox"/> | Spotters used when needed | X | <input type="checkbox"/> | <input type="checkbox"/> | Eye Contact Being Made      |

### Excavations

|                          |                          |   |                            |                          |                          |   |                                       |                          |                          |   |                                |
|--------------------------|--------------------------|---|----------------------------|--------------------------|--------------------------|---|---------------------------------------|--------------------------|--------------------------|---|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | X | Competent person named     | <input type="checkbox"/> | <input type="checkbox"/> | X | Shore / shield / slope / bench proper | <input type="checkbox"/> | <input type="checkbox"/> | X | Excavation checked daily       |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Proper access/egress       | <input type="checkbox"/> | <input type="checkbox"/> | X | Spoil pile 2' from edge               | <input type="checkbox"/> | <input type="checkbox"/> | X | Workers trained                |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Excavation Permits/Locates | <input type="checkbox"/> | <input type="checkbox"/> | X | Pot-holing Performed                  | <input type="checkbox"/> | <input type="checkbox"/> | X | Verification of ID'd Utilities |

### Temporary Barricades

|                          |                          |   |                                               |                          |                          |   |                                   |                          |                          |   |                                           |
|--------------------------|--------------------------|---|-----------------------------------------------|--------------------------|--------------------------|---|-----------------------------------|--------------------------|--------------------------|---|-------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | X | Proper tape used (Red-Danger, Yellow-Caution) | <input type="checkbox"/> | <input type="checkbox"/> | X | All sides of work area barricaded | <input type="checkbox"/> | <input type="checkbox"/> | X | Barricade removed or disposed of properly |
|--------------------------|--------------------------|---|-----------------------------------------------|--------------------------|--------------------------|---|-----------------------------------|--------------------------|--------------------------|---|-------------------------------------------|

### Electrical

|                          |                          |   |                          |                          |                          |   |                                   |                          |                          |   |              |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|-----------------------------------|--------------------------|--------------------------|---|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | X | Cords checked for damage | <input type="checkbox"/> | <input type="checkbox"/> | X | Current inspection color on cords | <input type="checkbox"/> | <input type="checkbox"/> | X | GFCI working |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|-----------------------------------|--------------------------|--------------------------|---|--------------|

### Environmental

|                          |                          |                          |                         |   |                          |                          |                                              |   |                          |                          |                                             |
|--------------------------|--------------------------|--------------------------|-------------------------|---|--------------------------|--------------------------|----------------------------------------------|---|--------------------------|--------------------------|---------------------------------------------|
| X                        | <input type="checkbox"/> | <input type="checkbox"/> | Silt fencing checked    | X | <input type="checkbox"/> | <input type="checkbox"/> | Spill kit readily available                  | X | <input type="checkbox"/> | <input type="checkbox"/> | Haz-Com plan posted in work areas           |
| <input type="checkbox"/> | X                        | <input type="checkbox"/> | Any spills occur today? |   |                          |                          | Estimated hazardous material generated today | X | <input type="checkbox"/> | <input type="checkbox"/> | Fueling area meets Dragados/FD requirements |

Any Environmental Concerns?

Comments

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

Foreman

DATE:

10/4/2016

## DAILY RISK ASSESSMENT

Safety: **(B) (6)**  
Project Manager: **(B) (6)**  
Operation:

Super: **(B) (6)**  
Job #:

Foreman: **(B) (6)**  
Date and Time: 10/4/16

DRAGADOS USA

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| TASKS           | HAZARDS         | CORRECTIVE ACTIONS        | RISK |
|-----------------|-----------------|---------------------------|------|
| 1 CONCRETE POUR | 1 Traffic       | 1 Traffic Control sign    |      |
| 2               | 2 Concrete Bore | 2 wish off correct goggle |      |
| 3               |                 |                           |      |
| 4               |                 |                           |      |
| 5               |                 |                           |      |
| 6               |                 |                           |      |
| 7               |                 |                           |      |
| 8               |                 |                           |      |
| 9               |                 |                           |      |
| 10              |                 |                           |      |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Roto Hammer ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Welding Machine ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☒ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☒ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Signature: **(B) (6)** Date: 10/4/16  
Signature: **(B) (6)** Date: 10/4/16  
Signature: **(B) (6)** Date: 10/4/16

Signature: **(B) (6)** Date: 10-04-16  
Signature: **(B) (6)** Date: 10-04-16  
Signature: **(B) (6)** Date: 10-04-16

Date 10/4/2016

Weather mostly sunny

CREW Bridge

DRAGADOS USA

Signature:

(B) (6)

|                  | 1    | 2 | 3   | 4 | 5 | 6 | 7 | 8 | 9        | 10      | 11 | 12        | Total | INJURY?                                                             | INITIAL       |
|------------------|------|---|-----|---|---|---|---|---|----------|---------|----|-----------|-------|---------------------------------------------------------------------|---------------|
|                  | 11   |   | PTO |   |   |   |   |   |          |         |    | no lun.   | 11    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7am-6pm       |
| (B) (6)          | 11   |   | 8   |   |   |   |   |   | personal | Day Off |    |           | 8     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |               |
|                  | 10   |   |     |   |   |   |   |   |          |         |    | 30min.lun | 10    | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 7am-5:30pm    |
|                  | 10.5 |   |     |   |   |   |   |   |          |         |    | 30min.lun | 10.5  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 6:30am-5:30pm |
| (B) (6)          | 10X  |   |     |   |   |   |   |   |          |         |    | no lun.   | 10.5  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7am-7pm       |
|                  | 12   |   |     |   |   |   |   |   |          |         |    | no lun.   | 12    | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 7am-7pm       |
|                  | 12   |   |     |   |   |   |   |   |          |         |    | no lun.   | 12    | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 7am-7pm       |
|                  | 10.5 |   |     |   |   |   |   |   |          |         |    | no lun.   | 10.5  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 7am-5:30pm    |
|                  | 10   |   |     |   |   |   |   |   |          |         |    | 30min.lun | 10    | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 7am-5:30pm    |
| 943 Telehandler  |      | 8 |     |   |   |   |   |   |          |         |    |           |       |                                                                     |               |
| S-45 Aerial Lift |      |   |     |   |   |   |   |   |          |         |    |           |       |                                                                     |               |
| 60' Aerial Lift  |      |   |     |   |   |   |   |   |          |         |    |           |       |                                                                     |               |
| Total            |      |   |     |   |   |   |   |   |          |         |    |           |       |                                                                     |               |

SUBCONTRACTOR 4

NOTE 1

preparing medium, holcomb blvd. area#1&2

grading bike path area#6

BP022910

| NOTE 2 | EVR CODE | NOTE 7 | EVR CODE |
|--------|----------|--------|----------|
|        |          |        |          |
|        |          |        |          |
|        |          |        |          |
|        |          |        |          |

|        |          |         |          |
|--------|----------|---------|----------|
|        | EVR CODE | NOTE 8  | EVR CODE |
| NOTE 3 |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        | EVR CODE | NOTE 9  | EVR CODE |
| NOTE 4 |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        | EVR CODE | NOTE 10 | EVR CODE |
| NOTE 5 |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        | EVR CODE | NOTE 11 | EVR CODE |
| NOTE 6 | BLANK    |         |          |
|        |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        | EVR CODE | NOTE 12 | EVR CODE |
| NOTE 7 |          |         |          |
|        |          |         |          |
|        |          |         |          |
|        |          |         |          |



## Safety & Maintenance Checklist:

### Skid Steer and Multi Terrain Loaders

SAFETY.CAT.COM™

Operator/Inspector (B) (6)

Date 10-4-16 Time 9 AM

Serial Number T175 Yanmar

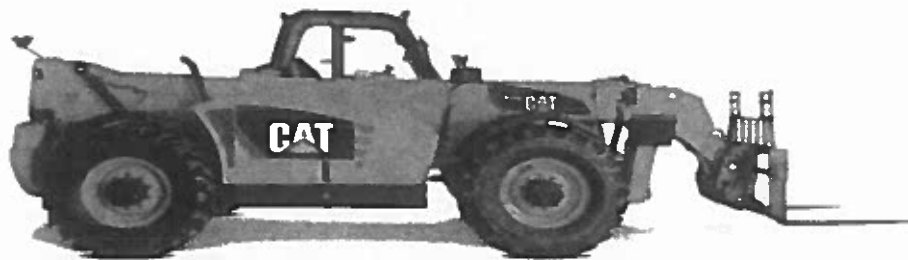
Machine Hours 1114.2

| What are you inspecting?                                                                                                                                                                                           | What are you looking for?                                    | Evaluator Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------|
| For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer. |                                                              |                    |
| <b>FROM THE GROUND</b>                                                                                                                                                                                             |                                                              |                    |
| Overall Machine                                                                                                                                                                                                    | ✓ Loose Or Missing Nuts & Bolts ✓ Loose Guards ✓ Cleanliness | ✓                  |
| Lights                                                                                                                                                                                                             | ✓ Broken lamps ✓ lenses operation                            |                    |
| Grap Hooks, Steps, Handholds                                                                                                                                                                                       | ✓ Condition And Cleanliness                                  |                    |
| Tires                                                                                                                                                                                                              | ✓ Inflation ✓ Leaks ✓ Damage ✓ Wear ✓ Lug nuts tight/missing |                    |
| Tracks and Drive Lugs Multi Terrain Loader                                                                                                                                                                         | ✓ Damage ✓ Deep cuts ✓ Abrasions ✓ Embedded foreign matter   |                    |
| Sprocket Rings and Sleeves Multi Terrain Loader                                                                                                                                                                    | ✓ Damage ✓ Consult OMIM for replacement                      |                    |
| Undercarriage and Undercarriage Wheels Multi Terrain Loader                                                                                                                                                        | ✓ Dirt ✓ Debris ✓ Tension ✓ Excessive damage                 |                    |
| Electrical and Hydraulic Lines                                                                                                                                                                                     | ✓ Damage ✓ Leaks                                             |                    |
| Hydraulic Oil Level                                                                                                                                                                                                | ✓ Fluid level                                                |                    |
| Grease Fittings                                                                                                                                                                                                    | ✓ Proper greasing                                            |                    |
| Body                                                                                                                                                                                                               | ✓ Structural Damage ✓ Cracks ✓ Welds                         |                    |
| Work Tool                                                                                                                                                                                                          | ✓ Debris between lift arm and work tool ✓ Excessive damage   |                    |
| <b>ENGINE COMPARTMENT</b>                                                                                                                                                                                          |                                                              |                    |
| Engine Oil                                                                                                                                                                                                         | ✓ Fluid Level                                                | ✓                  |
| Engine Coolant                                                                                                                                                                                                     | ✓ Fluid Level                                                |                    |
| Air Hoses                                                                                                                                                                                                          | ✓ Cracks ✓ Wear ✓ Boots ✓ Leaks                              |                    |
| Air Filter                                                                                                                                                                                                         | ✓ Cleanliness                                                |                    |
| All Belts                                                                                                                                                                                                          | ✓ Tightness ✓ Wear ✓ Cracks                                  |                    |
| Guards                                                                                                                                                                                                             | ✓ In place ✓ Not missing                                     |                    |
| Overall Engine Compartment                                                                                                                                                                                         | ✓ Clean or dirt buildup ✓ Leaks                              |                    |
| <b>INSIDE THE CAB</b>                                                                                                                                                                                              |                                                              |                    |
| Gauges, lights, switches                                                                                                                                                                                           | ✓ Damage ✓ operation                                         | ✓                  |
| Seat                                                                                                                                                                                                               | ✓ Adjustment                                                 |                    |
| Seat Belt, Buckle & Mounting                                                                                                                                                                                       | ✓ Damage ✓ Wear ✓ Adjustment                                 |                    |
| Horn, backup alarm, lights                                                                                                                                                                                         | ✓ Proper Function                                            |                    |
| Mirrors and Windows                                                                                                                                                                                                | ✓ Condition ✓ clean ✓ adjust                                 |                    |
| ROPS                                                                                                                                                                                                               | ✓ Damage                                                     |                    |
| Overall Cab Interior                                                                                                                                                                                               | ✓ Cleanliness                                                |                    |

SAFETY.CAT.COM/CHECKLISTS

105

CATERPILLAR



## Safety & Maintenance Inspection - Telehandlers

SAFETY.CAT.COM™

Operator/Inspector **(B) (6)**

Date 10-11-16

Time 07:20

Serial Number TL943C (Cat)

Machine Hours 1173

| What are you inspecting?                                                                                                                                                                                          | What are you looking for? | Evaluator Comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer |                           |                    |

### ON THE MACHINE, OUTSIDE THE CAB

|                                  |   |                                                                             |                         |
|----------------------------------|---|-----------------------------------------------------------------------------|-------------------------|
| Mirror                           | ✓ | Clean, damage, properly adjusted                                            |                         |
| Windows                          | ✓ | Clean, damage, front and top                                                |                         |
| Windshield Wipers                | ✓ | Arm and rubber blade intact                                                 |                         |
| Forks                            |   | Damage, cracks, misalignment, check welds, locking pins in place and secure |                         |
| Warning Decals                   |   | Missing, legible, damaged                                                   |                         |
| Tires                            |   | Damage, pressure, bulges                                                    |                         |
| Wheels                           |   | Loose lug bolts, bent rims, cracks                                          |                         |
| Differentials                    |   | Oil leaks, cracks in housing                                                |                         |
| Guards and covers                | X | Damage, in place <u>Behind cab</u>                                          | X <u>cover L/S Rear</u> |
| Steps and Handrail               | ✓ | Damage, cleanliness                                                         |                         |
| Stabilizer Arms, Cylinders, Pads | ✓ | Damage, oil leaks, cylinder rod, missing bolts                              |                         |
| Battery/Terminals                | ✓ | Cable connections, water, clean - no corrosion                              |                         |
| Overall Machine                  |   | Loose or missing nuts & bolts, Loose guards, Damaged parts, cleanliness     |                         |

### ENGINE COMPARTMENT

|                            |   |                                       |  |
|----------------------------|---|---------------------------------------|--|
| Engine Oil                 | ✓ | Fluid level                           |  |
| Engine Coolant             | ✓ | Fluid level                           |  |
| Hydraulic Oil              | ✓ | Fluid Level                           |  |
| Air Filter                 | ✓ | Restriction indicator                 |  |
| Radiator                   | ✓ | Fin blockage, leaks, cleanliness      |  |
| All Hoses                  | ✓ | Cracks, wear spots, leaks             |  |
| All Belts                  | ✓ | Tightness, wear, cracks, delamination |  |
| Overall Engine Compartment | ✓ | Trash or dirt buildup, leaks          |  |

### INSIDE THE CAB

|                                    |   |                                                            |  |
|------------------------------------|---|------------------------------------------------------------|--|
| ROPS or FOPS                       | ✓ | Damage, loose bolts                                        |  |
| Seat                               |   | Adjustment, pedal travel                                   |  |
| Seat Belt & Mounting               | ✓ | Damage, wear, adjustment, age of install, manufacture date |  |
| Fire Extinguisher                  | ✓ | Charge, damage, inspection card to date                    |  |
| Horn, backup alarm, lights, wipers | ✓ | Proper Function                                            |  |
| Controls, gauge lenses             | ✓ | Proper Function, cleanliness                               |  |
| Overall Cab Interior               | ✓ | Cleanliness                                                |  |

SAFETY.CAT.COM™  
http://safety.cat.com/checklists

V0810.1



$$\begin{pmatrix} B \\ 6 \end{pmatrix}$$

**DRAGADOS USA**

## CREW Survey

[illegible]

NOTE 1

Stare lights on Ramp B BP01120

NOTE 7

EVR CODE

EVR CODE

NOTE 2

Stare rough edge of MPT-4 BP02730

EVR CODE

EVR CODE

NOTE 8

NOTE 3

Check ditch elevations on Ramp B BP03240

EVR CODE

EVR CODE

NOTE 9

NOTE 4

Mark gore Area on B&amp;H/Ramp B BP00530

EVR CODE

EVR CODE

NOTE 10

NOTE 5

Check CL of B&H Elevations for  
Slope protection measures BP00260

EVR CODE

EVR CODE

NOTE 11

NOTE 6

EVR CODE

EVR CODE

NOTE 12

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### DRAGADOS USA SUPERINTENDENT /FOREMAN DAILY WORK SITE SAFETY INSPECTION

SUPERINTENDENT /FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Area 2

INSTRUCTIONS: Performed daily by Dragados USA Superintendent / Foreman of work area responsible for. Superintendent / Foreman Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA with other daily reports. Legible hand written report is acceptable. NA=Not applicable

| Pre-Work                                                               |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
|------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------|--|--|-------------------------------------|--------------------------|-------------------------------------|---------------------------------------------|--|--|
| Yes                                                                    | No                                  | NA                                  |                                                                       |  |  | Yes                                 | No                       | NA                                  |                                             |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | JHA reviewed and signed by all members, and posted                    |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | SDS Sheets obtained and available           |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Daily Risk Assessment communicated, understood and signed by workers? |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Quality Control Been Notified of operation  |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | All required permits obtained                                         |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Area Walked Through / Inspected             |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Competent Person List (can be on JHA)                                 |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Necessary Tools and Equipment Present       |  |  |
| Personal Protective Equipment                                          |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| Yes                                                                    | No                                  | NA                                  |                                                                       |  |  | Yes                                 | No                       | NA                                  |                                             |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Hardhat bills forward                                                 |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Hi-Vis Shirt or Vest (Class 3)              |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Safety glasses                                                        |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Gloves                                      |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Leatherwork Boot                                                      |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Hearing Protection                          |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                       |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Face shields                                |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                       |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Welding hood and gloves                     |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                       |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Burning goggles                             |  |  |
| Fall Protection (100% Fall Protection Required at six feet or greater) |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Guardrail system checked                                              |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Harness and lanyards checked                |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Floor Openings covered                                                |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Opening guarded                        |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Safety (debris) fencing up                                            |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Netting checked                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Horizontal lifeline checked                 |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wall openings guarded                       |  |  |
| Ladders and Scaffolding                                                |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Ladder tied off                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ladder extended three feet                  |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Scaffold inspected and tagged                                         |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sections properly pinned                    |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Ladder access for scaffold                                            |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Handrail in place                           |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stepladders in open position                |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Components not damaged                      |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Planking secured                            |  |  |
| Housekeeping                                                           |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Material stacked orderly                                              |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Trash cans in work area                     |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Cords and hoses off floor                                             |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Access maintained                           |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                       |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Debris removed                              |  |  |
| Hoisting and Rigging Equipment                                         |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Daily crane inspection                                                |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | One-eye per hook                            |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Qualified rigger named                                                |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Safety latch on hook checked                |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Slings/chokers inspected                                              |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Knowledge of crane signals                  |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sling/chokers stored                        |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cranes flagged off                          |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lift zone designated                        |  |  |
| Mobile Equipment                                                       |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Operator's Card                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Equipment Manual                            |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Seatbelts used                                                        |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Workers trained                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Backup alarms working                                                 |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spotters used when needed                   |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Daily Equipment Inspection                  |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Blind Spots to those around                 |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Eye Contact Being Made                      |  |  |
| Excavations                                                            |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Competent person named                                                |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Shore / shield / slope / bench proper       |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Proper access/egress                                                  |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spoil pile 2' from edge                     |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Excavation Permits/Locates                                            |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pot-holing Performed                        |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excavation checked daily                    |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Workers trained                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Verification of ID'd Utilities              |  |  |
| Temporary Barricades                                                   |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper tape used (Red-Danger, Yellow-Caution)                         |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | All sides of work area barricaded           |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Barricade removed or disposed of property   |  |  |
| Electrical                                                             |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cords checked for damage                                              |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Current inspection color on cords           |  |  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                       |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | GFCI working                                |  |  |
| Environmental                                                          |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Silt fencing checked                                                  |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Spill kit readily available                 |  |  |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any spills occur today?                                               |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Haz-Com plan posted in work areas           |  |  |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Estimated hazardous material generated today                          |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fueling area meets Dragados/FD requirements |  |  |
| Any Environmental Concerns?                                            |                                     |                                     | NO                                                                    |  |  |                                     |                          |                                     |                                             |  |  |
| Comments                                                               |                                     |                                     |                                                                       |  |  |                                     |                          |                                     |                                             |  |  |

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

Surveyor

DATE:

10/04/16

Print Name & Signature

# DAILY RISK ASSESSMENT

Safety : (B) (6)

Super: (B) (6)

Foreman: (B) (6)

Project Manager: \_\_\_\_\_  
Operation: \_\_\_\_\_

Job #: Camp Lejeune

Date and Time: 10/04/16

## DRAGADOS USA

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

2

### TASKS

1 stave MPT-4

### HAZARDS

1 Heavy Equipment

### CORRECTIVE ACTIONS

1 Avoid Blind Spots

### RISK

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

☐ Abrasive Blast Hood

☐ Face Shield

☐ Safety Goggles

☐ Hearing Protection

☐ Fire Extinguishers

☐ Welding Screen

☐ Beam Walkers

☐ Full Body Harness

☐ 2-Legged Lanyard

☐ Respirators (Type)

☐ Self-Retracting Lanyard

☐ Welding Hood

☐ Chain Saw Chaps

☐ Cutting Goggles

☐ Multi-gas Monitor

☐ Rubber Over Boots

☐ Stop Paddles

☐ Other

### REQUIRED TOOLS

☐ Air Monitor

☐ Chop Saw

☐ Electrical Drill

☐ Hydraulic Jacks

☐ Portable Bandsaw

☐ Other

☐ Blower

☐ Concrete Bucket

☐ Electrical Grinder

☐ Impact Wrench

☐ Powder Actuated Tools

☐ Other

☐ Chain Saw

☐ Cutting Torch

☐ Generator

☐ Ladders

☐ Pry Bar

☐ Other

☐ Chipping Gun

☐ Electrical Cords

☒ Hand Tools

☐ Nail Guns

☐ Roto Hammer

☐ Other

☐ Blowpipe

☐ Stripping Buggy

☐ Sawzall

☐ Vibrator

☐ Welding Machine

☐ Other

### EQUIPMENT TO BE USED

☐ Aerial Lift

☐ Compaction Equip.

☐ Dozer

☐ Hammer/Vibro. Leads

☐ Rigging Equipment

☐ Trench Plates

☐ Air Compressor

☐ Concrete Buggy

☐ Excavator

☐ Hydraulic Cranes

☐ Rock Drill

☐ Vacuum Truck

☐ Air Tools

☐ Concrete Pump

☐ Forklift

☐ Light Towers

☐ Shoring Equipment

☐ Other

☐ Backhoe/Loader

☐ Concrete Trucks

☐ Flatbed Trucks

☐ Menzi Mucker

☐ Traffic Control Trucks

☐ Other

### EVACUATION ROUTE

What is your evacuation route and assembly point? Dragados Trailer

EMERGENCY #: 911

### CREW SIGNATURES

Signature: (B) (6)

Date: 10/04/16

Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: Building & Earth Sciences

Subtier Subcontractor: \_\_\_\_\_

Date: October 4, 2016

S M T W Th F S

### ACTIVITY LOCATION & HOURS

| Employee Name |         | 1      | 2          | 3          | 4 | Total Hours |
|---------------|---------|--------|------------|------------|---|-------------|
|               |         | Area 2 | Holms Blvd | Holms Blvd |   |             |
| 1             | (B) (6) | 1.5    | 6.0        | 1.5        |   | 9.0         |
| 2             |         |        |            |            |   |             |
| 3             |         |        |            |            |   |             |
| 4             |         |        |            |            |   |             |
| 5             |         |        |            |            |   |             |
| 6             |         |        |            |            |   |             |
| 7             |         |        |            |            |   |             |
| 8             |         |        |            |            |   |             |
| 9             |         |        |            |            |   |             |
| 10            |         |        |            |            |   |             |

| Equipment Used/Onsite<br>(Make/ & Model #) |  | Equipment Hours |  |  |  |  |
|--------------------------------------------|--|-----------------|--|--|--|--|
| 1                                          |  |                 |  |  |  |  |
| 2                                          |  |                 |  |  |  |  |
| 3                                          |  |                 |  |  |  |  |
| 4                                          |  |                 |  |  |  |  |
| 5                                          |  |                 |  |  |  |  |
| 6                                          |  |                 |  |  |  |  |
| 7                                          |  |                 |  |  |  |  |
| 8                                          |  |                 |  |  |  |  |
| 9                                          |  |                 |  |  |  |  |
| 10                                         |  |                 |  |  |  |  |
| 11                                         |  |                 |  |  |  |  |
| 12                                         |  |                 |  |  |  |  |

### Activity Work Performed

|    |                                    |         |
|----|------------------------------------|---------|
| 1  | Area 2 = Earthquake Observations   | BP03240 |
| 2  | Holms Blvd: Corrode Testing        | BP03390 |
| 3  | Holms Blvd: Corrode Sample Pick Up | BP03390 |
| 4  |                                    |         |
| 5  |                                    |         |
| 6  |                                    |         |
| 7  |                                    |         |
| 8  |                                    |         |
| 9  |                                    |         |
| 10 |                                    |         |
| 11 |                                    |         |
| 12 |                                    |         |

(B) (6)

10-4-2016

# DAILY RISK ASSESSMENT

Safety: \_\_\_\_\_  
Project Manager: \_\_\_\_\_

Super: \_\_\_\_\_  
Job #: \_\_\_\_\_

Foreman: **(B) (6)**

Date and Time: October 4, 2016

**DRAGADOS USA**

Operation: Building and Earth Sciences

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| TASKS | HAZARDS                      | CORRECTIVE ACTIONS                      | RISK |
|-------|------------------------------|-----------------------------------------|------|
| 1     | 1 Heavy Equipment Operations | 1 Watch for Moving Equipment & Vehicles | L    |
| 2     | 2 Gas Store Operation        | 2 Remove Loose Clothing                 | L    |
| 3     |                              |                                         |      |
| 4     |                              |                                         |      |
| 5     |                              |                                         |      |
| 6     |                              |                                         |      |
| 7     |                              |                                         |      |
| 8     |                              |                                         |      |
| 9     |                              |                                         |      |
| 10    |                              |                                         |      |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Lagged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: 10-4-16

Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: Bullington Construction

Subtier Subcontractor: \_\_\_\_\_

Date: 10-4-16

S M ☒ W Th F S

### ACTIVITY LOCATION & HOURS

|    | Employee Name | 1       | 2 | 3 | 4 | Total Hours |
|----|---------------|---------|---|---|---|-------------|
|    |               | BPO1720 |   |   |   |             |
| 1  | (B) (6)       |         |   |   |   | 4.5 hrs     |
| 2  | (B) (6)       |         |   |   |   | 4.5 hrs     |
| 3  | (B) (6)       |         |   |   |   | 4.5 hrs     |
| 4  | (B) (6)       |         |   |   |   | 4.5 hrs     |
| 5  | (B) (6)       |         |   |   |   | 4.5 hrs     |
| 6  |               |         |   |   |   |             |
| 7  |               |         |   |   |   |             |
| 8  |               |         |   |   |   |             |
| 9  |               |         |   |   |   |             |
| 10 |               |         |   |   |   |             |

|    | Equipment Used/Onsite<br>(Make/ &Model #) | Equipment Hours |  |  |  |
|----|-------------------------------------------|-----------------|--|--|--|
|    |                                           |                 |  |  |  |
| 1  | Dodge Ram                                 |                 |  |  |  |
| 2  | Machs                                     |                 |  |  |  |
| 3  |                                           |                 |  |  |  |
| 4  |                                           |                 |  |  |  |
| 5  |                                           |                 |  |  |  |
| 6  |                                           |                 |  |  |  |
| 7  |                                           |                 |  |  |  |
| 8  |                                           |                 |  |  |  |
| 9  |                                           |                 |  |  |  |
| 10 |                                           |                 |  |  |  |
| 11 |                                           |                 |  |  |  |
| 12 |                                           |                 |  |  |  |

### Activity Work Performed

|   |                                             |
|---|---------------------------------------------|
| 1 | installed <del>GK</del> GUARDRAIL IN AREA 5 |
| 2 |                                             |
| 3 |                                             |
| 4 |                                             |
|   |                                             |

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

10-4-16

Date

To be submitted daily before the next day

Visitor Center

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Group 11/mt

Subtier Subcontractor: G3

Date: 10/4/16

SU MO **TU** WE TH FR SA

### ACTIVITY LOCATION & HOURS

| Employee's Name |  | 1          | 2       | 3 | 4 | Total Hours |
|-----------------|--|------------|---------|---|---|-------------|
| (B) (6)         |  | 02200<br>8 | BPO2420 |   |   | 8           |
| 1               |  |            |         |   |   |             |
| 2               |  |            |         |   |   |             |
| 3               |  |            |         |   |   |             |
| 4               |  |            |         |   |   |             |
| 5               |  |            |         |   |   |             |
| 6               |  |            |         |   |   |             |
| 7               |  |            |         |   |   |             |
| 8               |  |            |         |   |   |             |
| 9               |  |            |         |   |   |             |
| 10              |  |            |         |   |   |             |

| Equipment Used/Onsite<br>(Make & Model Number) |  | EQUIPMENT HOURS |  |  |  |  |
|------------------------------------------------|--|-----------------|--|--|--|--|
| 1                                              |  |                 |  |  |  |  |
| 2                                              |  |                 |  |  |  |  |
| 3                                              |  |                 |  |  |  |  |
| 4                                              |  |                 |  |  |  |  |
| 5                                              |  |                 |  |  |  |  |
| 6                                              |  |                 |  |  |  |  |
| 7                                              |  |                 |  |  |  |  |
| 8                                              |  |                 |  |  |  |  |
| 9                                              |  |                 |  |  |  |  |
| 10                                             |  |                 |  |  |  |  |
| 11                                             |  |                 |  |  |  |  |
| 12                                             |  |                 |  |  |  |  |

### ACTIVITY WORK PERFORMED

|   |                                       |
|---|---------------------------------------|
| 1 | Clean Frames and glass front entrance |
| 2 |                                       |
| 3 |                                       |
| 4 |                                       |
|   |                                       |

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

10/4/16  
Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

*Group 111 met*

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

*Visitor Center*

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

| Pre-Work                                                               |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
|------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------------|
| Y                                                                      | N                                   | NA                       |                                                                       | Y                                   | N                        | NA                       |                                              | Y                                   | N                        | NA                       |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | AHA reviewed and signed by all members, and posted.                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | SDS Sheets obtained and available           |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Daily Risk Assessment communicated, understood and signed by workers? | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Quality Control Been Notified of operation  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | All required permits obtained                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Area Walked Through / Inspected             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Competent Person List (can be on AHA)                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Necessary Tools and Equipment Present       |
| Personal Protective Equipment                                          |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| Y                                                                      | N                                   | NA                       |                                                                       | Y                                   | N                        | NA                       |                                              | Y                                   | N                        | NA                       |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Hardhat bills forward                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reflective Vests                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Face shields                                |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Safety glasses                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Gloves                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Welding hood and gloves                     |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Leatherwork Boot                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Protection                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Burning goggles                             |
| Fall Protection (100% Fall Protection Required at six feet or greater) |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Guardrail system checked                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Harness and lanyards checked                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horizontal lifeline checked                 |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Floor Openings covered                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Roof Opening guarded                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Wall openings guarded                       |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Blue fencing up                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Netting checked                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                             |
| Ladders and Scaffolding                                                |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Ladder tied off                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Ladder extended three feet                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stepladders in open position                |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Scaffold inspected and tagged                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Sections properly pinned                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Components not damaged                      |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Ladder access for scaffold                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handrail in place                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Planking secured                            |
| Housekeeping                                                           |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Material stacked orderly                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash cans in work area                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debris removed                              |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Cords and hoses off floor                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Access maintained                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                             |
| Hoisting and Rigging Equipment                                         |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Daily crane inspection                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | One-eye per hook                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Sling/chokers stored                        |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Qualified rigger named                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Safety latch on hook checked                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Cranes flagged off                          |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Slings/chokers inspected                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Knowledge of crane signals                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Lift zone designated                        |
| Mobile Equipment                                                       |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Operator License                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Equipment Manual *                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily Equipment Inspection                  |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Seatbelts used                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Blind Spots to those around                 |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Backup alarms working                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Spotters used when needed                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Eye Contact Being Made                      |
| Excavations                                                            |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Competent person named                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Shore / shield / slope / bench proper        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Excavation checked daily                    |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Proper access/egress                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Spoil pile 2' from edge                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Excavation Permits/Locates                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Pot-holing Performed                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Verification of ID'd Utilities              |
| Temporary Barricades                                                   |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Proper tape used (Red-Danger, Yellow-Caution)                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | All sides of work area barricaded            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Barricade removed or disposed of properly   |
| Electrical                                                             |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Cords checked for damage                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Current inspection color on cords            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | GFCI working                                |
| Environmental                                                          |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/> | Silt fencing checked                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spill kit readily available                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Haz-Com plan posted in work areas           |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any spills occur today?                                               |                                     |                          |                          | Estimated hazardous material generated today | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Fueling area meets Dragados/FD requirements |
| Any Environmental Concerns?                                            |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
| Comments                                                               |                                     |                          |                                                                       |                                     |                          |                          |                                              |                                     |                          |                          |                                             |

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

*Superintendent*

DATE:

*10/4/16*

# DAILY RISK ASSESSMENT

**DRAGADOS USA**

Safety: **(B) (6)**  
Project Manager: **(B) (6)**  
Operation:

Super: **(B) (6)**  
Job #: *Visitor Center*

Foreman: *G-3*  
Date and Time: *10/4/16*

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

*E*

| TASKS                            | HAZARDS        | CORRECTIVE ACTIONS          | RISK       |
|----------------------------------|----------------|-----------------------------|------------|
| 1 <i>Clean glass at entrance</i> | 1 <i>Falls</i> | 1 <i>Use correct Ladder</i> | 1 <i>m</i> |
| 2                                | 2              | 2                           | 2          |
| 3                                | 3              | 3                           | 3          |
| 4                                | 4              | 4                           | 4          |
| 5                                | 5              | 5                           | 5          |
| 6                                | 6              | 6                           | 6          |
| 7                                | 7              | 7                           | 7          |
| 8                                | 8              | 8                           | 8          |
| 9                                | 9              | 9                           | 9          |
| 10                               | 10             | 10                          | 10         |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen  
☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood  
☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other  
☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other  
☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ ~~Ladders~~ ☐ Pry Bar ☐ Other  
☐ Chipping Gun ☐ Electrical Cords ☐ ~~Hand Tools~~ ☐ Nail Guns ☐ Roto Hammer ☐ Other  
☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates  
☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck  
☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other  
☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

EVACUATION ROUTE: What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

Print **(B) (6)** Signature: **(B) (6)** Date: *10/4/16*

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREW SIGNATURES

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: 1. fucules Fence

Subtier Subcontractor: \_\_\_\_\_

Date: 10-4-16

S M T W Th F S

### ACTIVITY LOCATION & HOURS

| Employee Name | 1 | 2 | 3 | 4 | Total Hours |
|---------------|---|---|---|---|-------------|
| 1 (B) (6)     |   | 3 |   |   |             |
| 2             |   |   |   |   |             |
| 3             |   |   |   |   |             |
| 4             |   |   |   |   |             |
| 5             |   |   |   |   |             |
| 6             |   |   |   |   |             |
| 7             |   |   |   |   |             |
| 8             |   |   |   |   |             |
| 9             |   |   |   |   |             |
| 10            |   |   |   |   |             |

| Equipment Used/Onsite<br>(Make/ & Model #) | Equipment Hours |
|--------------------------------------------|-----------------|
| 1 Drill stand                              | 2               |
| 2 Impact Hammer                            | 2               |
| 3 Bobcat                                   | 1               |
| 4                                          |                 |
| 5                                          |                 |
| 6                                          |                 |
| 7                                          |                 |
| 8                                          |                 |
| 9                                          |                 |
| 10                                         |                 |
| 11                                         |                 |
| 12                                         |                 |

### Activity Work Performed

|   |                              |
|---|------------------------------|
| 1 | Install Fence Panels BP05130 |
| 2 | @ WCB                        |
| 3 |                              |
| 4 |                              |

(B) (6)

10-4-16

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

SUPERVISOR/FOREMAN:

SPECIFIC AREA(S) INSPECTED:

*Hercules France*

(B) (6)

*Bridge*

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.  
Y=Yes, N= No, NA=Not applicable

#### Pre-Work

| Y                                   | N                        | NA                       |                                                                       | Y                                   | N                        | NA                       |                                            |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AHA reviewed and signed by all members, and posted.                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | SDS Sheets obtained and available          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily Risk Assessment communicated, understood and signed by workers? | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Quality Control Been Notified of operation |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | All required permits obtained                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Area Walked Through / Inspected            |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Competent Person List (can be on AHA)                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Necessary Tools and Equipment Present      |

#### Personal Protective Equipment

| Y                                   | N                        | NA                       |                       | Y                                   | N                        | NA                       |                         |
|-------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hardhat bills forward | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reflective Vests        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety glasses        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Face shields            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leatherwork Boot      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Welding hood and gloves |
|                                     |                          |                          |                       |                                     |                          |                          | Burning goggles         |

#### Fall Protection (100% Fall Protection Required at six feet or greater)

|                          |                          |                                     |                          |                          |                          |                                     |                              |                          |                          |                                     |                             |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Guardrail system checked | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Harness and lanyards checked | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Horizontal lifeline checked |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Openings covered   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Opening guarded         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wall openings guarded       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Blue fencing up          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Netting checked              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                             |

#### Ladders and Scaffolding

|                          |                          |                                     |                               |                          |                          |                                     |                            |                          |                          |                                     |                              |
|--------------------------|--------------------------|-------------------------------------|-------------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ladder tied off               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ladder extended three feet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stepladders in open position |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Scaffold inspected and tagged | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sections properly pinned   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Components not damaged       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ladder access for scaffold    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Handrail in place          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Planking secured             |

#### Housekeeping

|                          |                          |                                     |                           |                          |                          |                                     |                         |                          |                          |                                     |                |
|--------------------------|--------------------------|-------------------------------------|---------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------|--------------------------|--------------------------|-------------------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Material stacked orderly  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Trash cans in work area | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Debris removed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cords and hoses off floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Access maintained       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                |

#### Hoisting and Rigging Equipment

|                          |                          |                                     |                          |                          |                          |                                     |                              |                          |                          |                                     |                      |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|-------------------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Daily crane inspection   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | One-eye per hook             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sling/chokers stored |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Qualified rigger named   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Safety latch on hook checked | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cranes flagged off   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Slings/chokers inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Knowledge of crane signals   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lift zone designated |

#### Mobile Equipment

|                                     |                          |                                     |                       |                          |                          |                                     |                           |                                     |                          |                                     |                             |
|-------------------------------------|--------------------------|-------------------------------------|-----------------------|--------------------------|--------------------------|-------------------------------------|---------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Operator License      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Equipment Manual          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Daily Equipment Inspection  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Seatbelts used        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Workers trained           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Blind Spots to those around |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup alarms working | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spotters used when needed | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Eye Contact Being Made      |

#### Excavations

|                                     |                          |                                     |                            |                          |                          |                                     |                                       |                          |                          |                                     |                                |
|-------------------------------------|--------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Competent person named     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Shore / shield / slope / bench proper | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excavation checked daily       |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper access/egress       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spoil pile 2' from edge               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Workers trained                |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excavation Permits/Locates | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pot-holing Performed                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Verification of ID'd Utilities |

#### Temporary Barricades

|                          |                          |                                     |                                              |                          |                          |                                     |                                   |                          |                          |                                     |                                           |
|--------------------------|--------------------------|-------------------------------------|----------------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper tape used (Red-Danger Yellow-Caution) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All sides of work area barricaded | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Barricade removed or disposed of properly |
|--------------------------|--------------------------|-------------------------------------|----------------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------------|

#### Electrical

|                                     |                          |                          |                          |                                     |                          |                                     |                                   |                                     |                          |                                     |              |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cords checked for damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current inspection color on cords | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | GFCI working |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------|

#### Environmental

|                          |                          |                          |                         |                          |                          |                                     |                                              |                          |                          |                                     |                                             |
|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Silt fencing checked    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spill kit readily available                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Haz-Com plan posted in work areas           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any spills occur today? |                          |                          |                                     | Estimated hazardous material generated today | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fueling area meets Dragados/FD requirements |

Any Environmental Concerns?

Comments

INSPECTION PERFORMED BY:

TITLE:

DATE:

(B) (6)

*Supervisor*

*10-4-16*

## DAILY RISK ASSESSMENT

Safety :  
Project Manager:  
Operation:

Super: (B) (6)  
Job #:

Foreman:  
Date and Time: 10-4-16 2:30 pm

DRAGADOS USA

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

## TASKS

1 Hand Drill  
2 Trench Hammer Drill  
3  
4  
5  
6  
7  
8  
9  
10

## HAZARDS

1 C  
2 C  
3  
4  
5  
6  
7  
8  
9  
10

## CORRECTIVE ACTIONS

## RISK

1  
2  
3  
4  
5  
6  
7  
8  
9  
10

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

☐ Abrasive Blast Hood  
☐ Beam Walkers  
☐ Chain Saw Chaps

☐ Face Shield  
☐ Full Body Harness  
☐ Cutting Goggles

☐ Safety Goggles  
☐ 2-Legged Lanyard  
☐ Multi-gas Monitor

☐ Fire Extinguishers  
☐ Self-Retracting Lanyard  
☐ Stop Paddles

☐ Welding Screen  
☐ Welding Hood  
☐ Other

## REQUIRED TOOLS

☐ Air Monitor  
☐ Blower  
☐ Chain Saw  
☐ Chipping Gun  
☐ Blowpipe

☒ Chop Saw  
☐ Concrete Bucket  
☐ Cutting Torch  
☐ Electrical Cords  
☐ Stripping Buggy

☒ Electrical Drill  
☒ Electrical Grinder  
☒ Generator  
☒ Hand Tools  
☒ Sawzall

☐ Hydraulic Jacks  
☐ Impact Wrench  
☐ Ladders  
☐ Nail Guns  
☐ Vibrator

☐ Portable Bandsaw  
☐ Powder Actuated Tools  
☐ Pry Bar  
☐ Roto Hammer  
☐ Welding Machine

## EQUIPMENT TO BE USED

☐ Aerial Lift  
☐ Air Compressor  
☐ Air Tools  
☐ Backhoe/Loader

☐ Compaction Equip.  
☐ Concrete Buggy  
☐ Concrete Pump  
☐ Concrete Trucks

☐ Dozer  
☐ Excavator  
☐ Forklift  
☐ Flatbed Trucks

☐ Hammer/Vibro. Leads  
☐ Hydraulic Cranes  
☐ Light Towers  
☐ Menzi Mucker

☐ Rigging Equipment  
☐ Rock Drill  
☐ Shoring Equipment  
☐ Traffic Control Trucks

☐ Trench Plates  
☐ Vacuum Truck  
☐ Other  
☐ Other

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print (B) (6)

Date: 10-4-16

Print

Date:

Print

Date:

Print

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

**DRAGADOS USA****Subcontractor's Daily Work Report**Subcontractor: TRIANGLE G.P.Subtier Subcontractor: INDUSTRIAL CONCRETEDate: 10-4-2016

SU MO TU WE TH FR SA

**ACTIVITY LOCATION & HOURS**

|    | Employee's Name | 1       | 2 | 3 | 4 | Total Hours |
|----|-----------------|---------|---|---|---|-------------|
|    |                 | BPO1280 |   |   |   |             |
| 1  | (B) (6)         | 8.5     |   |   |   | 8.5         |
| 2  | (B) (6)         | 8.5     |   |   |   | 8.5         |
| 3  | (B) (6)         | 8       |   |   |   | 8           |
| 4  |                 |         |   |   |   |             |
| 5  |                 |         |   |   |   |             |
| 6  |                 |         |   |   |   |             |
| 7  |                 |         |   |   |   |             |
| 8  |                 |         |   |   |   |             |
| 9  |                 |         |   |   |   |             |
| 10 |                 |         |   |   |   |             |

|    | Equipment Used/Onsite<br>(Make & Model Number) | EQUIPMENT HOURS |  |  |  |  |
|----|------------------------------------------------|-----------------|--|--|--|--|
|    |                                                |                 |  |  |  |  |
| 1  |                                                |                 |  |  |  |  |
| 2  |                                                |                 |  |  |  |  |
| 3  |                                                |                 |  |  |  |  |
| 4  |                                                |                 |  |  |  |  |
| 5  |                                                |                 |  |  |  |  |
| 6  |                                                |                 |  |  |  |  |
| 7  |                                                |                 |  |  |  |  |
| 8  |                                                |                 |  |  |  |  |
| 9  |                                                |                 |  |  |  |  |
| 10 |                                                |                 |  |  |  |  |
| 11 |                                                |                 |  |  |  |  |
| 12 |                                                |                 |  |  |  |  |

**ACTIVITY WORK PERFORMED**

|   |                                      |
|---|--------------------------------------|
| 1 | FORMING UP CONCRETE APRONS STRUCTURE |
| 2 | #1118 & 122                          |
| 3 |                                      |
| 4 |                                      |
|   |                                      |

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

10-4-2014

Date

## DAILY RISK ASSESSMENT

DRAGADOS USA

Safety : \_\_\_\_\_  
 Project Manager: \_\_\_\_\_  
 Operation: \_\_\_\_\_

Super: (b) (6)  
 Job #: P-1383

Foreman: \_\_\_\_\_  
 Date and Time: 10-4-2016 / 8:00am

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| TASKS               | HAZARDS | CORRECTIVE ACTIONS | RISK |
|---------------------|---------|--------------------|------|
| 1 Farming-up Inlets | 1       | 1                  |      |
| 2                   | 2       | 2                  |      |
| 3                   | 3       | 3                  |      |
| 4                   | 4       | 4                  |      |
| 5                   | 5       | 5                  |      |
| 6                   | 6       | 6                  |      |
| 7                   | 7       | 7                  |      |
| 8                   | 8       | 8                  |      |
| 9                   | 9       | 9                  |      |
| 10                  | 10      | 10                 |      |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- |                                              |                                                 |                                                    |                                                        |                                                        |                                         |
|----------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Abrasive Blast Hood | <input checked="" type="checkbox"/> Face Shield | <input checked="" type="checkbox"/> Safety Goggles | <input checked="" type="checkbox"/> Hearing Protection | <input checked="" type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness      | <input type="checkbox"/> 2-Legged Lanyard          | <input type="checkbox"/> Respirators (Type)            | <input type="checkbox"/> Self-Retracting Lanyard       | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles        | <input type="checkbox"/> Multi-gas Monitor         | <input type="checkbox"/> Rubber Over Boots             | <input type="checkbox"/> Stop Paddles                  | <input type="checkbox"/> Other _____    |

## REQUIRED TOOLS

- |                                       |                                                      |                                                      |                                          |                                                |                                      |
|---------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Air Monitor  | <input type="checkbox"/> Chop Saw                    | <input checked="" type="checkbox"/> Electrical Drill | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blower       | <input type="checkbox"/> Concrete Bucket             | <input type="checkbox"/> Electrical Grinder          | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chain Saw    | <input type="checkbox"/> Cutting Torch               | <input type="checkbox"/> Generator                   | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chipping Gun | <input checked="" type="checkbox"/> Electrical Cords | <input checked="" type="checkbox"/> Hand Tools       | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blowpipe     | <input type="checkbox"/> Stripping Buggy             | <input type="checkbox"/> Sawzall                     | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other _____ |

## EQUIPMENT TO BE USED

- |                                         |                                            |                                               |                                              |                                                 |                                        |
|-----------------------------------------|--------------------------------------------|-----------------------------------------------|----------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Aerial Lift    | <input type="checkbox"/> Compaction Equip. | <input type="checkbox"/> Dozer                | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Concrete Buggy    | <input checked="" type="checkbox"/> Excavator | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck  |
| <input type="checkbox"/> Air Tools      | <input type="checkbox"/> Concrete Pump     | <input type="checkbox"/> Forklift             | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks   | <input type="checkbox"/> Flatbed Trucks       | <input type="checkbox"/> Menzi Mucker        | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other _____   |

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print: (B) (6) Signature: (B) (6) Date: 10/4/16  
 Print: (B) (6) Signature: (B) (6) Date: 10/4/16  
 Print: (B) (6) Signature: (B) (6) Date: 10/4/16  
 Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Jackson Landscape

Subtier Subcontractor: \_\_\_\_\_

Date: 10-4-16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

| Employee's Name |         | 1        | 2 | 3 | 4     | Total Hours |
|-----------------|---------|----------|---|---|-------|-------------|
|                 |         | BPO1240. |   |   |       |             |
| 1               | (B) (6) | 8        |   |   |       | 8           |
| 2               |         | 8        |   |   |       | 8           |
| 3               |         |          |   |   |       |             |
| 4               |         |          |   |   |       |             |
| 5               |         |          |   |   |       |             |
| 6               |         |          |   |   |       |             |
| 7               |         |          |   |   |       |             |
| 8               |         |          |   |   |       |             |
| 9               |         |          |   |   |       |             |
| 10              |         |          |   |   | total | 16          |

| Equipment Used/Onsite<br>(Make & Model Number) |             | EQUIPMENT HOURS |  |  |  |  |
|------------------------------------------------|-------------|-----------------|--|--|--|--|
| 1                                              | Sod machine | 8               |  |  |  |  |
| 2                                              |             |                 |  |  |  |  |
| 3                                              |             |                 |  |  |  |  |
| 4                                              |             |                 |  |  |  |  |
| 5                                              |             |                 |  |  |  |  |
| 6                                              |             |                 |  |  |  |  |
| 7                                              |             |                 |  |  |  |  |
| 8                                              |             |                 |  |  |  |  |
| 9                                              |             |                 |  |  |  |  |
| 10                                             |             |                 |  |  |  |  |
| 11                                             |             |                 |  |  |  |  |
| 12                                             |             |                 |  |  |  |  |

### ACTIVITY WORK PERFORMED

|   |                                                  |
|---|--------------------------------------------------|
| 1 | 2 trucks delivered (80 Rolls Coopers Sod) Area 2 |
| 2 |                                                  |
| 3 |                                                  |
| 4 |                                                  |
|   |                                                  |

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

9-4-16

Date



# DRAGADOS USA

Safety  
Project Manager  
Operator

Supervisor  
Job #

(B) (6)

Parent/Min  
Date and Time

10-4-16 5:00 PM

1 Laying out

2 Grading

3 Hydroseeding

1 Trip Hazard

2 being on equipment lead noises

3 moving on Hydroseeder

1 Be aware of your surroundings

2 Wear hearing protection

3 make sure stable on machine

## REQUIRED PREP IN ADDITION TO SAFETY GLASSES, HAND HATS, HI-VIS VESTS/SHIRT, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood
- ☐ Beams Walkers
- ☐ Chain Saw Chaps
- ☐ Face Shield
- ☐ Full Body Harness
- ☐ Safety Goggles
- ☐ 2-Legged Lanyard
- ☐ Multi-Use Monitor

- ☐ Hearing Protection
- ☐ Respirators (Type)
- ☐ Rubber Over Boots

- ☐ Fire Extinguishers
- ☐ Self-Retracting Lanyard
- ☐ Stop Paddles

- ☐ Welding Screen
- ☐ Welding Hood
- ☐ Other

1 Air Monitor

2 Blower

3 Chain Saw

4 Chipping Gun

5 Blowsaps

1 Electrical Drill

2 Electrical Grinder

3 Generator

4 Hand Tools

5 Sawsall

1 Hydraulic Jacks

2 Impact Wrench

3 Ladders

4 Nail Guns

5 Vibrator

1 Portable Bandsaw

2 Powder Actuated Tools

3 Pry Bar

4 Roto Hammer

5 Welding Machine

1 Other

2 Other

3 Other

4 Other

5 Other

1 Aerial Lift

2 Air Compressor

3 Air Tools

4 Backhoe/Loader

1 Compaction Equip.

2 Concrete Buggy

3 Concrete Pump

4 Concrete Trucks

1 Dozer

2 Excavator

3 Forklift

4 Flatbed Trucks

1 Hammer/Vibro. Leads

2 Hydraulic Cranes

3 Light Towers

4 Metal Mucker

1 Logging Equipment

2 Rock Drill

3 Shoring Equipment

4 Traffic Control Trucks

1 Trinch Plates

2 Vacuum Truck

3 Other

4 Other

What is your evacuation route and assembly point?

(B) (6)

(B) (6)

(B) (6)

Print  
Print  
Print  
Print

Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_

Date: 10-4  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Print  
Print  
Print  
Print

Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: 10-4  
Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: MIDNASC

Subtier Subcontractor: \_\_\_\_\_

Date: 10-4-16

SU MO **(TU)** WE TH FR SA

### ACTIVITY LOCATION & HOURS

| Employee's Name | 1               | 2 | 3 | 4 | Total Hours |
|-----------------|-----------------|---|---|---|-------------|
| (B) (6)         | BAD0710<br>10.5 |   |   |   | 10.5        |
| (B) (6)         | 10.5            |   |   |   | 10.5        |
| (B) (6)         | 10.5            |   |   |   | 10.5        |
| (B) (6)         | 10.5            |   |   |   | 10.5        |
| (B) (6)         | 10.5            |   |   |   | 10.5        |
| (B) (6)         | 10.5            |   |   |   | 10.5        |
| (B) (6)         | 10.5            |   |   |   | 10.5        |
| (B) (6)         | 10.5            |   |   |   | 10.5        |

| Equipment Used/Onsite<br>(Make & Model Number) | EQUIPMENT HOURS |  |  |  |  |
|------------------------------------------------|-----------------|--|--|--|--|
| 1                                              |                 |  |  |  |  |
| 2 2029 F450                                    | 10.5            |  |  |  |  |
| 3                                              |                 |  |  |  |  |
| 4 4015 EXCAV.                                  | 10.5            |  |  |  |  |
| 5                                              |                 |  |  |  |  |
| 6 769 TRL                                      | 10.5            |  |  |  |  |
| 7                                              |                 |  |  |  |  |
| 8 379 BUCKET                                   | 10.5            |  |  |  |  |
| 9                                              |                 |  |  |  |  |
| 10 510 ENCLOSED TRL                            | 10.5            |  |  |  |  |
| 11                                             |                 |  |  |  |  |
| 12                                             |                 |  |  |  |  |

### ACTIVITY WORK PERFORMED

|   |                                                        |
|---|--------------------------------------------------------|
| 1 | MOBILIZED TO CAMP LETEDNE<br>BUILT 12" TRAFFIC SIGNALS |
| 2 |                                                        |
| 3 |                                                        |
| 4 |                                                        |

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

10-4-16

Date

# DRAGADOS USA

CAMP LEJEUNE BASE ENTRY POINT AND ROAD

## SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

MIDASCO

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

HOLCOMB BLVD

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

### Pre-Work

| Y                                   | N                        | NA                       |                                                                       | Y                                   | N                        | NA                       |                                            |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AHA reviewed and signed by all members and posted                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SDS Sheets obtained and available          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily Risk Assessment communicated, understood and signed by workers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Quality Control Been Notified of operation |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All required permits obtained                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area Walked Through / Inspected            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Competent Person List (can be on AHA)                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Necessary Tools and Equipment Present      |

### Personal Protective Equipment

| Y                                   | N                        | NA                       |                       | Y                                   | N                        | NA                       |                         |
|-------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hardhat bills forward | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reflective Vests        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety glasses        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leatherwork Boot      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Protection      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Face shields            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Welding hood and gloves |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Burning goggles         |

### Fall Protection (100% Fall Protection Required at six feet or greater)

|                                     |                          |                          |                          |                                     |                          |                          |                              |                          |                          |                          |                             |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guardrail system checked | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Harness and lanyards checked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horizontal lifeline checked |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Openings covered   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Roof Opening guarded         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall openings guarded       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blue fencing up          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Netting checked              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                             |

### Ladders and Scaffolding

|                                     |                          |                          |                               |                          |                          |                          |                            |                          |                          |                          |                              |
|-------------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder tied off               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder extended three feet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stepladders in open position |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scaffold inspected and tagged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections properly pinned   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Components not damaged       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder access for scaffold    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handrail in place          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planking secured             |

### Housekeeping

|                                     |                          |                          |                           |                                     |                          |                          |                         |                                     |                          |                          |                |
|-------------------------------------|--------------------------|--------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------|--------------------------|----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material stacked orderly  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Trash cans in work area | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debris removed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cords and hoses off floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access maintained       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |

### Hoisting and Rigging Equipment

|                          |                          |                          |                          |                          |                          |                          |                              |                          |                          |                          |                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily crane inspection   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | One-eye per hook             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sling/chokers stored |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Qualified rigger named   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety latch on hook checked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cranes flagged off   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Slings/chokers inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knowledge of crane signals   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lift zone designated |

### Mobile Equipment

|                                     |                          |                          |                       |                                     |                          |                          |                          |                                     |                          |                          |                             |
|-------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Operator License      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment Manual         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily Equipment Inspection  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts used        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blind Spots to those around |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backup alarms working | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spotter used when needed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye Contact Being Made      |

### Excavations

|                          |                          |                          |                            |                          |                          |                          |                                    |                          |                          |                          |                                |
|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Competent person named     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shore, shield, slope, bench proper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavation checked daily       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper access/egress       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil pile 2' from edge             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavation Permits/Locates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pot-holing Performed               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verification of ID'd Utilities |

### Temporary Barricades

|                          |                          |                          |                                              |                          |                          |                          |                                   |                          |                          |                          |                                           |
|--------------------------|--------------------------|--------------------------|----------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper tape used (Red-Danger Yellow-Caution) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All sides of work area barricaded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Barricade removed or disposed of properly |
|--------------------------|--------------------------|--------------------------|----------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------|

### Electrical

|                          |                          |                          |                          |                          |                          |                          |                                   |                          |                          |                          |              |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cords checked for damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current inspection color on cords | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GFCI working |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------|

### Environmental

|                          |                          |                          |                         |                          |                          |                          |                                              |                          |                          |                          |                                            |
|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Silt fencing checked    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spill kit readily available                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Haz-Com plan posted in work areas          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any spills occur today? |                          |                          |                          | Estimated hazardous material generated today | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fueling area meets Dragados/FD requirement |

Any Environmental Concerns?

Comments

**(B) (6)**

SUPERINTENDENT

10-4-16

INSPECTION PERFORMED BY:

TITLE:

DATE:

## DAILY RISK ASSESSMENT

DRAGADOS USA

Safety: \_\_\_\_\_

Super: \_\_\_\_\_

Foreman: (B) (6)

Project Manager: \_\_\_\_\_

Job #: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Operation: 12" SIGNALS

11-40085 IIR 4032

10-4-16

OVERALL RISK LEVEL: \_\_\_\_\_

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| TASKS           | HAZARDS         | CORRECTIVE ACTIONS         | RISK |
|-----------------|-----------------|----------------------------|------|
| 1               | 1               | 1                          |      |
| 2 MOBILIZE      | 2 TRAFFIC       | 2 OBEY RULES OF THE ROAD   |      |
| 3               | 3               | 3                          |      |
| 4 BUILD SIGNALS | 4 JOINT SPRAINS | 4 WATCH YOUR JOINTS        |      |
| 5               | 5 TRIPS & FALLS | 5 BE AWARE OF SURROUNDINGS |      |
| 6               | 6               | 6                          |      |
| 7               | 7               | 7                          |      |
| 8               | 8               | 8                          |      |
| 9               | 9               | 9                          |      |
| 10              | 10              | 10                         |      |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- |                                              |                                            |                                            |                                             |                                                  |                                         |
|----------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Abrasive Blast Hood | <input type="checkbox"/> Face Shield       | <input type="checkbox"/> Safety Goggles    | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguishers      | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> 2-Legged Lanyard  | <input type="checkbox"/> Respirators (Type) | <input type="checkbox"/> Self-Retracting Lanyard | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles   | <input type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Rubber Over Boots  | <input type="checkbox"/> Stop Paddles            | <input type="checkbox"/> Other _____    |

## REQUIRED TOOLS

- |                                       |                                           |                                             |                                          |                                                |                                      |
|---------------------------------------|-------------------------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Air Monitor  | <input type="checkbox"/> Chop Saw         | <input type="checkbox"/> Electrical Drill   | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blower       | <input type="checkbox"/> Concrete Bucket  | <input type="checkbox"/> Electrical Grinder | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chain Saw    | <input type="checkbox"/> Cutting Torch    | <input type="checkbox"/> Generator          | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chipping Gun | <input type="checkbox"/> Electrical Cords | <input type="checkbox"/> Hand Tools         | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blowpipe     | <input type="checkbox"/> Stripping Buggy  | <input type="checkbox"/> Sawzall            | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other _____ |

## EQUIPMENT TO BE USED

- |                                         |                                            |                                         |                                              |                                                 |                                        |
|-----------------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Aerial Lift    | <input type="checkbox"/> Compaction Equip. | <input type="checkbox"/> Dozer          | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Concrete Buggy    | <input type="checkbox"/> Excavator      | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck  |
| <input type="checkbox"/> Air Tools      | <input type="checkbox"/> Concrete Pump     | <input type="checkbox"/> Forklift       | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks   | <input type="checkbox"/> Flatbed Trucks | <input type="checkbox"/> Menzi Mucker        | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other _____   |

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #: \_\_\_\_\_

## CREW SIGNATURES

## CREW SIGNATURES

Pri (B) (6) Signature: (B) (6) Date: 10-4-16  
 Pri (B) (6) Signature: (B) (6) Date: 10-4-16  
 Pri (B) (6) Signature: (B) (6) Date: 10-4-16  
 Pri (B) (6) Signature: (B) (6) Date: 10-4-16

Print (B) (6) Signature: (B) (6) Date: 10-4-16  
 Print (B) (6) Signature: (B) (6) Date: 10-4-16  
 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: OB&P

Subtier Subcontractor: \_\_\_\_\_

Date: 10-4-16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

| Employee's Name |         | 1        | 2       | 3 | 4 | Total Hours |
|-----------------|---------|----------|---------|---|---|-------------|
|                 |         |          | BP00530 |   |   |             |
| 1               | (B) (6) | Forman   | —       |   |   |             |
| 2               | (B) (6) | QC       | 11.5    |   |   |             |
| 3               | (B) (6) | Screed   | 11.5    |   |   |             |
| 4               | (B) (6) | Screed   | 11.5    |   |   |             |
| 5               | (B) (6) | Operator | 11.5    |   |   |             |
| 6               | (B) (6) | Operator | 11.5    |   |   |             |
| 7               | (B) (6) | Lute     | 11.5    |   |   |             |
| 8               | (B) (6) | Lute     | 11.5    |   |   |             |
| 9               | (B) (6) | Spotter  | 11.5    |   |   |             |
| 10              | (B) (6) | Labor    | 11.5    |   |   |             |

| Equipment Used/Onsite<br>(Make & Model Number) |              | EQUIPMENT HOURS |      |  |  | Total Hours |
|------------------------------------------------|--------------|-----------------|------|--|--|-------------|
| 1                                              | (B) (6)      | Labor           | 11.5 |  |  |             |
| 2                                              |              |                 |      |  |  |             |
| 3                                              |              |                 |      |  |  |             |
| 4                                              |              |                 |      |  |  |             |
| 5                                              |              |                 |      |  |  |             |
| 6                                              |              |                 |      |  |  |             |
| 7                                              |              |                 |      |  |  |             |
| 8                                              |              |                 |      |  |  |             |
| 9                                              | CAT Paver    |                 | 11.5 |  |  |             |
| 10                                             | Cat Backhoe  |                 | 11.5 |  |  |             |
| 11                                             | Sakai Roller |                 | 11.5 |  |  |             |
| 12                                             | Bomag Roller |                 | 11.5 |  |  |             |

### ACTIVITY WORK PERFORMED

|   |                                                                            |
|---|----------------------------------------------------------------------------|
| 1 | Final layer of Surface (9.5C) Starting from Holcomb going toward Wallace C |
| 2 |                                                                            |
| 3 |                                                                            |
| 4 |                                                                            |

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

10-4-16

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### DRAGADOS USA SUPERINTENDENT /FOREMAN DAILY WORK SITE SAFETY INSPECTION

SUPERINTENDENT/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

INSTRUCTIONS: Performed daily by Dragados USA Superintendent / Foreman of work area responsible for. Superintendent / Foreman Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA with other daily reports. Legible hand written report is acceptable. NA=Not applicable

| Pre-Work                                                               |                                     |                                     |                                                                       | Yes                                          | No                       | NA                                  |                                            | Yes                                 | No                       | NA                                  |                                             |
|------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|--------------------------|-------------------------------------|--------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | JHA reviewed and signed by all members, and posted                    | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | SDS Sheets obtained and available          |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | Daily Risk Assessment communicated, understood and signed by workers? | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | Quality Control Been Notified of operation |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | All required permits obtained                                         | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | Area Walked Through / Inspected            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | Competent Person List (can be on JHA)                                 | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | Necessary Tools and Equipment Present      |                                     |                          |                                     |                                             |
| Personal Protective Equipment                                          |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| Yes                                                                    | No                                  | NA                                  |                                                                       | Yes                                          | No                       | NA                                  |                                            | Yes                                 | No                       | NA                                  |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Hardhat bills forward                                                 | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | Hi-Vis Shirt or Vest (Class 3)             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Face shields                                |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Safety glasses                                                        | <input type="checkbox"/>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Gloves                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Welding hood and gloves                     |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Leatherwork Boot                                                      | <input type="checkbox"/>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hearing Protection                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Burning goggles                             |
| Fall Protection (100% Fall Protection Required at six feet or greater) |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Guardrail system checked                                              | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Harness and lanyards checked               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Horizontal lifeline checked                 |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Floor Openings covered                                                | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Roof Opening guarded                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Wall openings guarded                       |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | Safety (debris) fencing up                                            | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Netting checked                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                             |
| Ladders and Scaffolding                                                |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Ladder tied off                                                       | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Ladder extended three feet                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Stepladders in open position                |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Scaffold inspected and tagged                                         | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Sections properly pinned                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Components not damaged                      |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | Ladder access for scaffold                                            | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Handrail in place                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Planking secured                            |
| Housekeeping                                                           |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Material stacked orderly                                              | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Trash cans in work area                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Debris removed                              |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cords and hoses off floor                                             | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Access maintained                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                             |
| Hoisting and Rigging Equipment                                         |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | Daily crane inspection                                                | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | One eye per hook                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Sling/chokers stored                        |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Qualified rigger named                                                | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Safety latch on hook checked               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Cranes flagged off                          |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Slings/chokers inspected                                              | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Knowledge of crane signals                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Lift zone designated                        |
| Mobile Equipment                                                       |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Operator's Card                                                       | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | Equipment Manual                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Daily Equipment Inspection                  |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Seatbelts used                                                        | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | Workers trained                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Blind Spots to those around                 |
| <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Backup alarms working                                                 | <input checked="" type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>            | Spotters used when needed                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Eye Contact Being Made                      |
| Excavations                                                            |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Competent person named                                                | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Shore / shield / slope / bench proper      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Excavation checked daily                    |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Proper access/egress                                                  | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Spoil pile 2' from edge                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Workers trained                             |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Excavation Permits/Locates                                            | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Pot-holing Performed                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Verification of ID'd Utilities              |
| Temporary Barricades                                                   |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Proper tape used (Red-Danger, Yellow-Caution)                         | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | All sides of work area barricaded          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Barricade removed or disposed of properly   |
| Electrical                                                             |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cords checked for damage                                              | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Current inspection color on cords          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | GFCI working                                |
| Environmental                                                          |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Silt fencing checked                                                  | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>            | Spill kit readily available                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Haz-Com plan posted in work areas           |
| <input type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any spills occur today?                                               | Estimated hazardous material generated today |                          |                                     |                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Fueling area meets Dragados/FD requirements |
| Any Environmental Concerns?                                            |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |
| Comments                                                               |                                     |                                     |                                                                       |                                              |                          |                                     |                                            |                                     |                          |                                     |                                             |

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

Foreman

DATE:

10-4-16

# DAILY RISK ASSESSMENT

## DRAGADOS USA

Safety: \_\_\_\_\_ Super: \_\_\_\_\_ Foreman: **(B) (6)**  
 Project Manager: \_\_\_\_\_ Job #: \_\_\_\_\_ Date and Time: **10-4-16**  
 Operation: **Asphalt Paving**

OVERALL RISK LEVEL: L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| TASKS            | HAZARDS                     | CORRECTIVE ACTIONS                      | RISK |
|------------------|-----------------------------|-----------------------------------------|------|
| 1 <u>Cleed</u>   | 1 <u>Slips / Trips</u>      | 1 <u>Keep Exc Contact with Operator</u> |      |
| 2 <u>Layout</u>  | 2 <u>Straining / Spains</u> | 2 <u>Use Spotter</u>                    |      |
| 3 <u>Pave</u>    | 3 <u>Struck by's</u>        | 3 <u>Drink Plenty of Water</u>          |      |
| 4 <u>Rolling</u> | 4 <u>Exposure</u>           | 4 <u>Keep Work Area Clear</u>           |      |
| 5 _____          | 5 _____                     | 5 <u>Wear AH P.P.E</u>                  |      |
| 6 _____          | 6 _____                     | 6 <u>Get help with heavy lifting</u>    |      |
| 7 _____          | 7 _____                     | 7 <u>Stay off Cell Phones</u>           |      |
| 8 _____          | 8 _____                     | 8 <u>Wear Seat belts</u>                |      |
| 9 _____          | 9 _____                     | 9 <u>Listen for back up Alarm</u>       |      |
| 10 _____         | 10 _____                    |                                         |      |

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

|                                              |                                            |                                            |                                             |                                                  |                                         |
|----------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Abrasive Blast Hood | <input type="checkbox"/> Face Shield       | <input type="checkbox"/> Safety Goggles    | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguishers      | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> 2-Legged Lanyard  | <input type="checkbox"/> Respirators (Type) | <input type="checkbox"/> Self-Retracting Lanyard | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles   | <input type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Rubber Over Boots  | <input type="checkbox"/> Stop Paddles            | <input type="checkbox"/> Other _____    |

### REQUIRED TOOLS

|                                       |                                           |                                                |                                          |                                                |                                      |
|---------------------------------------|-------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Air Monitor  | <input type="checkbox"/> Chop Saw         | <input type="checkbox"/> Electrical Drill      | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blower       | <input type="checkbox"/> Concrete Bucket  | <input type="checkbox"/> Electrical Grinder    | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chain Saw    | <input type="checkbox"/> Cutting Torch    | <input type="checkbox"/> Generator             | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chipping Gun | <input type="checkbox"/> Electrical Cords | <input checked="" type="checkbox"/> Hand Tools | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blowpipe     | <input type="checkbox"/> Stripping Buggy  | <input type="checkbox"/> Sawzall               | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other _____ |

### EQUIPMENT TO BE USED

|                                         |                                            |                                         |                                              |                                                 |                                        |
|-----------------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Aerial Lift    | <input type="checkbox"/> Compaction Equip. | <input type="checkbox"/> Dozer          | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Concrete Buggy    | <input type="checkbox"/> Excavator      | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck  |
| <input type="checkbox"/> Air Tools      | <input type="checkbox"/> Concrete Pump     | <input type="checkbox"/> Forklift       | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks   | <input type="checkbox"/> Flatbed Trucks | <input type="checkbox"/> Menzi Mucker        | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other _____   |

What is your evacuation route and assembly point?

EMERGENCY #:

| CREW SIGNATURES      |                      | CREW SIGNATURES      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Print                | Signature            | Print                | Signature            |
| <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       |
| Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> |
| Print                | Signature            | Print                | Signature            |
| <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       |
| Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> |
| Print                | Signature            | Print                | Signature            |
| <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       |
| Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> |
| Print                | Signature            | Print                | Signature            |
| <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       | <b>(B) (6)</b>       |
| Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> | Date: <b>10-4-16</b> |

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: TCSS

Subtier Subcontractor: \_\_\_\_\_

Date: 10-4-16

S M T W Th F S

### ACTIVITY LOCATION & HOURS

| Employee Name | 1 | 2 | 3 | 4 | Total Hours |
|---------------|---|---|---|---|-------------|
|               |   |   |   |   |             |
| 1 (B) (6)     |   |   |   |   | 10          |
| 2 (B) (6)     |   |   |   |   | 10          |
| 3 (B) (6)     |   |   |   |   | 10          |
| 4 (B) (6)     |   |   |   |   | 10          |
| 5             |   |   |   |   |             |
| 6             |   |   |   |   |             |
| 7             |   |   |   |   |             |
| 8             |   |   |   |   |             |
| 9             |   |   |   |   |             |
| 10            |   |   |   |   |             |

| Equipment Used/Onsite<br>(Make/ & Model #) | Equipment Hours |  |  |  | Total Hours |
|--------------------------------------------|-----------------|--|--|--|-------------|
|                                            |                 |  |  |  |             |
| 1 3500 HD 2016                             |                 |  |  |  | 10          |
| 2 Boom Truck 2005                          |                 |  |  |  | 10          |
| 3 Tractor                                  |                 |  |  |  | 10          |
| 4                                          |                 |  |  |  |             |
| 5                                          |                 |  |  |  |             |
| 6                                          |                 |  |  |  |             |
| 7                                          |                 |  |  |  |             |
| 8                                          |                 |  |  |  |             |
| 9                                          |                 |  |  |  |             |
| 10                                         |                 |  |  |  |             |
| 11                                         |                 |  |  |  |             |
| 12                                         |                 |  |  |  |             |

### Activity Work Performed

|   |                          |
|---|--------------------------|
| 1 | Install I-Beam for Signs |
| 2 | Pour concrete BPO1540    |
| 3 |                          |
| 4 |                          |
| 5 |                          |

Signature

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

TCSS

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

#### Pre-Work

| Y                                   | N                        | NA                       |                                                                       | Y                                   | N                        | NA                       |                                            |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AHA reviewed and signed by all members and posted                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SDS Sheets obtained and available          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily Risk Assessment communicated, understood and signed by workers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Quality Control Been Notified of operation |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All required permits obtained                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area Walked Through / Inspected            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Competent Person List (can be on AHA)                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Necessary Tools and Equipment Present      |

#### Personal Protective Equipment

| Y                                   | N                        | NA                       |                       | Y                                   | N                        | NA                       |                         |
|-------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hardhat bills forward | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reflective Vests        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety glasses        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leatherwork Boot      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Protection      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Face shields            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Welding hood and gloves |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Burning goggles         |

#### Fall Protection (100% Fall Protection Required at six feet or greater.)

|                                     |                          |                          |                          |                                     |                          |                          |                              |                                     |                          |                          |                             |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guardrail system checked | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Harness and lanyards checked | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horizontal lifeline checked |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Openings covered   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Opening guarded         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall openings guarded       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blue fencing up          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Netting checked              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                             |

#### Ladders and Scaffolding

|                                     |                          |                          |                               |                                     |                          |                          |                            |                                     |                          |                          |                              |
|-------------------------------------|--------------------------|--------------------------|-------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder tied off               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder extended three feet | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stepladders in open position |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scaffold inspected and tagged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections properly pinned   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Components not damaged       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder access for scaffold    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handrail in place          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planking secured             |

#### Housekeeping

|                                     |                          |                          |                           |                                     |                          |                          |                         |                                     |                          |                          |                |
|-------------------------------------|--------------------------|--------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------|--------------------------|----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material stacked orderly  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash cans in work area | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debris removed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cords and hoses off floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access maintained       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |

#### Hoisting and Rigging Equipment

|                                     |                          |                          |                          |                                     |                          |                          |                              |                                     |                          |                          |                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily crane inspection   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | One-eye per hook             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sling/chokers stored |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Qualified rigger named   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety latch on hook checked | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cranes flagged off   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Slings/chokers inspected | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knowledge of crane signals   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lift zone designated |

#### Mobile Equipment

|                                     |                          |                          |                       |                                     |                          |                          |                           |                                     |                          |                          |                             |
|-------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Operator License      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment Manual          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily Equipment Inspection  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts used        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blind Spots to those around |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backup alarms working | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spotters used when needed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye Contact Being Made      |

#### Excavations

|                                     |                          |                          |                            |                                     |                          |                          |                                       |                                     |                          |                          |                                |
|-------------------------------------|--------------------------|--------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Competent person named     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shore / shield / slope / bench proper | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavation checked daily       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper access/egress       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spoil pile 2' from edge               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavation Permits/Locates | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pot-holing Performed                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verification of ID & Utilities |

#### Temporary Barricades

|                                     |                          |                          |                                              |                                     |                          |                          |                                   |                                     |                          |                          |                                           |
|-------------------------------------|--------------------------|--------------------------|----------------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper tape used (Red-Danger Yellow-Caution) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All sides of work area barricaded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Barricade removed or disposed of properly |
|-------------------------------------|--------------------------|--------------------------|----------------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------|

#### Electrical

|                                     |                          |                          |                          |                                     |                          |                          |                                   |                                     |                          |                          |              |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cords checked for damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current inspection color on cords | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GFCI working |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------|

#### Environmental

|                                     |                                     |                          |                         |                                     |                          |                          |                                              |                                     |                          |                          |                                             |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Silt fencing checked    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spill kit readily available                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Haz-Com plan posted in work areas           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any spills occur today? |                                     |                          |                          | Estimated hazardous material generated today | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fueling area meets Dragados/FD requirements |

Any Environmental Concerns?

Comments

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

foreman

DATE:

10-4-15

# DAILY RISK ASSESSMENT

**Safety :** \_\_\_\_\_ **Super:** \_\_\_\_\_ **Foreman:** **(B) (6)**  
**Project Manager:** \_\_\_\_\_ **Job #:** \_\_\_\_\_ **Date and Time:** **10-4-15**  
**Operation:** \_\_\_\_\_

**DRAGADOS USA**

1. LOW 2. MODERATE 3. HIGH 4. EXTREMELY HIGH

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |
|   |   |   |   |   |   |   |   |   |    |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Fire Extinguishers ☐ Welding Screen  
☐ Bearn Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood  
☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other  
**REQUIRED TOOLS**  
☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other  
☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other  
☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other  
☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other  
☐ Blowpipe ☐ Stripping Buggy ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

☒ Aerial Lift ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates  
☐ Air Compressor ☐ Excavator ☒ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck  
☐ Air Tools ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other  
☐ Backhoe/Loader ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

What is your evacuation route and assembly point?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: **(B) (6)** Date: **10-4-15**  
 Signature: **(B) (6)** Date: **10-4-15**  
 Signature: **(B) (6)** Date: **10-4-15**

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: T&D SOLUTIONS

Subtier Subcontractor: \_\_\_\_\_

Date: 10-4-16

SU MO TU ~~WE~~ TH FR SA

### ACTIVITY LOCATION & HOURS

| Employee's Name | 1          | 2       | 3 | 4 | Total Hours |
|-----------------|------------|---------|---|---|-------------|
|                 |            | BFO1190 |   |   |             |
| 1 (B) (6)       | Excavator  |         |   |   | 12          |
| 2 (B) (6)       | operator   |         |   |   | 12          |
| 3 (B) (6)       | groundwork |         |   |   | 12          |
| 4               |            |         |   |   |             |
| 5               |            |         |   |   |             |
| 6               |            |         |   |   |             |
| 7               |            |         |   |   |             |
| 8               |            |         |   |   |             |
| 9               |            |         |   |   |             |
| 10              |            |         |   |   |             |

| Equipment Used/Onsite<br>(Make & Model Number) | EQUIPMENT HOURS |  |  |  | Total Hours |
|------------------------------------------------|-----------------|--|--|--|-------------|
| 1 Tractor # 885                                |                 |  |  |  | 12          |
| 2 Line Tank # 2283                             |                 |  |  |  | 12          |
| 3 Back hoe # 7150                              |                 |  |  |  | 12          |
| 4                                              |                 |  |  |  |             |
| 5                                              |                 |  |  |  |             |
| 6                                              |                 |  |  |  |             |
| 7                                              |                 |  |  |  |             |
| 8                                              |                 |  |  |  |             |
| 9                                              |                 |  |  |  |             |
| 10                                             |                 |  |  |  |             |
| 11                                             |                 |  |  |  |             |
| 12                                             |                 |  |  |  |             |

### ACTIVITY WORK PERFORMED

|   |                                       |
|---|---------------------------------------|
| 1 | Installed Concrete Bases and Pile For |
| 2 | security lights At Area 2             |
| 3 |                                       |
| 4 |                                       |

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

10-4-16

Date



# Safety & Maintenance Checklist

Backhoe Loaders

SAFETY.CAT.COM

Dragados USA-T+D Solutions

Operator Inspector (B) (6)

Date 10-4-16 Time 6:15 AM

Serial Number 7150

Machine Hours 12

Backhoe Line Truck #2283 Truck #885

What are you inspecting?

What are you looking for?

Evaluator Comments

For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer.

## FROM THE GROUND

|                                  |   |                               |   |
|----------------------------------|---|-------------------------------|---|
| Loader Bucket GET Retainers      | / | Wear Damage Cracks            | / |
| Loader Bucket Cylinder & Linkage | / | Excessive Wear Damage Leaks   | / |
| 3rd Bucket GET Retainers         | / | Wear Damage Cracks            | / |
| 3rd Bucket Cylinder & Linkage    | / | Excessive Wear Damage Leaks   | / |
| B-Boom                           | / | Damage Cracks                 | / |
| B-Boom Cylinders                 | / | Wear Damage Leaks             | / |
| B-Boom                           | / | Wear Damage Leaks Grease      | / |
| Underneath Machine               | / | Leaks Damage Loose Bolts      | / |
| Frame                            | / | Cracks Damage                 | / |
| Steps Handholds                  | / | Condition And Cleanliness     | / |
| Lights                           | / | Damage Cleanliness Direction  | / |
| Overall Machine                  | / | Loose Or Missing Nuts & Bolts | / |
|                                  | / | Loose Guards Cleanliness      | / |

## ON THE MACHINE

|                             |   |                          |   |
|-----------------------------|---|--------------------------|---|
| Mindspeed Rippers & Washers | / | Wear Damage Fluid Level  | / |
| Engine Coolant              | / | Fluid Level              | / |
| Radiator                    | / | Pin Blockage Leaks       | / |
| Hydraulic Oil Cooler        | / | Debris Leaks             | / |
| Hydraulic Oil Tank          | / | Fluid Level Damage Leaks | / |
| Fuel Tank                   | / | Fuel Level Damage Leaks  | / |
| Fire Extinguisher           | / | Charge Damage            | / |
| Mirrors                     | / | Damage Cleanliness       | / |

## ENGINE COMPARTMENT

|                          |   |                                |   |
|--------------------------|---|--------------------------------|---|
| Engine Oil               | / | Fluid Level                    | / |
| All Hoses                | / | Cracks Wear Scots Leaks        | / |
| All Belts                | / | Tightness Wear Cracks          | / |
| Batteries & Hold Downs   | / | Cleanliness Loose Bolts & Nuts | / |
| Air Filter               | / | Restriction Indicator          | / |
| Clean Engine Compartment | / | Trash Or Oil Buildup Leaks     | / |

## INSIDE THE CAB

|                       |   |                         |   |
|-----------------------|---|-------------------------|---|
| Seat                  | / | Adjustment              | / |
| Seat Belt & Retractor | / | Damage Wear Cleanliness | / |
| Control Levers        | / | Condition Leaks         | / |
| Control Panel         | / | Condition Leaks         | / |

CATERPILLAR

## DAILY RISK ASSESSMENT

DRAGADOS USA

Safety: (B) (6)  
Project Manager: (B) (6)  
Operation: TFDSuper: (B) (6)  
Job #: 723-068Foreman: (B) (6)  
Date and Time: 10-4-16 6:44a

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| TASKS                                    | HAZARDS                              | CORRECTIVE ACTIONS                            | RISK |
|------------------------------------------|--------------------------------------|-----------------------------------------------|------|
| 1 Use line truck to set concrete bases   | 1 Overhead load, machinery in motion | 1 Communicate + maintain a safe work distance |      |
| 2                                        | 2                                    | 2                                             |      |
| 3 Dig with back hoe + tie pipe into base | 3 Trip, slips, + falls around hole   | 3 Keep a good footing, have good work boots   |      |
| 4                                        | 4                                    | 4                                             |      |
| 5                                        | 5                                    | 5                                             |      |
| 6                                        | 6                                    | 6                                             |      |
| 7                                        | 7                                    | 7                                             |      |
| 8                                        | 8                                    | 8                                             |      |
| 9                                        | 9                                    | 9                                             |      |
| 10                                       | 10                                   | 10                                            |      |

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

|                                              |                                            |                                            |                                                  |                                         |
|----------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Abrasive Blast Hood | <input type="checkbox"/> Face Shield       | <input type="checkbox"/> Safety Goggles    | <input type="checkbox"/> Fire Extinguishers      | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> 2-Legged Lanyard  | <input type="checkbox"/> Self-Retracting Lanyard | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles   | <input type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Stop Paddles            | <input type="checkbox"/> Other          |

## REQUIRED TOOLS

|                                       |                                           |                                             |                                          |                                                |                                |
|---------------------------------------|-------------------------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Air Monitor  | <input type="checkbox"/> Chop Saw         | <input type="checkbox"/> Electrical Drill   | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blower       | <input type="checkbox"/> Concrete Bucket  | <input type="checkbox"/> Electrical Grinder | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chain Saw    | <input type="checkbox"/> Cutting Torch    | <input type="checkbox"/> Generator          | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chipping Gun | <input type="checkbox"/> Electrical Cords | <input type="checkbox"/> Hand Tools         | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blowpipe     | <input type="checkbox"/> Stripping Buggy  | <input type="checkbox"/> Sawzall            | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other |

## EQUIPMENT TO BE USED

|                                         |                                            |                                         |                                              |                                                 |                                        |
|-----------------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Aerial Lift    | <input type="checkbox"/> Compaction Equip. | <input type="checkbox"/> Dozer          | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Concrete Buggy    | <input type="checkbox"/> Excavator      | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck  |
| <input type="checkbox"/> Air Tools      | <input type="checkbox"/> Concrete Pump     | <input type="checkbox"/> Forklift       | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks   | <input type="checkbox"/> Flatbed Trucks | <input type="checkbox"/> Menzi Mucker        | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other         |

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print (B) (6) Signature: (B) (6) Date: 10-4-16  
Print (B) (6) Signature: (B) (6) Date: 10-4-16  
Print (B) (6) Signature: (B) (6) Date: 10-4-16  
Print (B) (6) Signature: (B) (6) Date: 10-4-16

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: TGP

Subtier Subcontractor:

Date: 10-4-16

S M T W Th F S

ACTIVITY LOCATION & HOURS

| Employee Name  |         | 1   | 2              | 3              | 4 | Total Hours |
|----------------|---------|-----|----------------|----------------|---|-------------|
| BPD3240 Area 2 |         |     | BPD1150 Area 2 | BPD1280 Area 3 |   |             |
| 1              | (B) (6) | 10  |                |                |   |             |
| 2              |         | 9.5 |                |                |   |             |
| 3              |         | 9.5 |                |                |   |             |
| 4              |         | 9.5 |                |                |   |             |
| 5              |         | 9.5 |                |                |   |             |
| 6              |         |     |                |                |   |             |
| 7              |         | 10  |                |                |   |             |
| 8              |         |     | 4.75           | 4.75           |   |             |
| 9              |         |     |                |                |   |             |

| Equipment Used/Onsite<br>(Make/ & Model #) |                 | Equipment Hours |  |  |  |
|--------------------------------------------|-----------------|-----------------|--|--|--|
| 1                                          | M Grader- 1011  | 3               |  |  |  |
| 2                                          | D02er- 1232     | 9               |  |  |  |
| 3                                          | Excavator- 1430 | 8               |  |  |  |
| 4                                          | Loader- 1014    | 9               |  |  |  |
| 5                                          | Roller- 1519    | 2               |  |  |  |
| 6                                          |                 |                 |  |  |  |
| 7                                          |                 |                 |  |  |  |
| 8                                          |                 |                 |  |  |  |
| 9                                          |                 |                 |  |  |  |
| 10                                         |                 |                 |  |  |  |
| 11                                         |                 |                 |  |  |  |
| 12                                         |                 |                 |  |  |  |

| Activity Work Performed |                                                                |
|-------------------------|----------------------------------------------------------------|
| 1                       | Cut Out Swale ditch along Holcomb Blvd- in-bound 1n.-300'x 14' |
| 2                       | Grading Swale ditch to the right of Ramp N - 200'x14'          |
| 3                       | Assisted ICI in forming up concrete aprons for STR# 125 + 127. |
| 4                       | Assisted ICI in forming up concrete aprons for STR# 118 + 122  |
| 5                       |                                                                |
| 6                       |                                                                |
| 7                       |                                                                |
| 8                       |                                                                |
| 9                       |                                                                |
| 10                      |                                                                |
| 11                      |                                                                |
| 12                      |                                                                |

Loads: 2x 30 *h/m*

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

10-4-16

Date

\* See back

10-4-16

TGP began Flushing out 24" RCP on Ramp N. CCI removed 3 previously placed Joints and didn't inform TGP. The joints were not replaced. They went through 3 joints with 24" waterline. \* Was told to make (b) (6) aware of situation. \*

(B) (6)

**From:** (B) (6)@trianglegradingpaving.com>  
**Sent:** Wednesday, October 05, 2016 10:27 AM  
**To:** Robinson, Jennifer  
**Cc:** Williamson, Linda Jo  
**Subject:** Truck report 10/4

|           |          |        |         |      |     |
|-----------|----------|--------|---------|------|-----|
| 10/4/2016 | DRAGADOS | 12.051 | (B) (6) | 3788 | 9.5 |
| 10/4/2016 | DRAGADOS | 12.051 | (B) (6) | 9593 | 9.5 |
| 10/4/2016 | DRAGADOS | 12.051 | (B) (6) | 2590 | 4   |
|           |          |        |         |      | 23  |

(B) (6)  
Office Manager/Truck Administrator  
MCAS Camp Lejeune Project

Office (b) (6)  
Cell: (b) (6)  
Fax: 910-678-4604

# DRAGADOS USA

CAMP LEJEUNE BASE ENTRY POINT AND ROAD

## DUSA FOREMAN/SUPERVISOR WORK SITE SAFETY INSPECTION

FOREMAN/SUPERVISOR NAME/CREW:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

**INSTRUCTIONS:** Performed daily by subcontractor superintendent/foreman of work area responsible for. Daily Work Site Safety Inspections will be maintained at subcontractor project location and available for inspection by The Dragados USA Health and Safety Department.  
Y=Yes, N= No, NA=Not applicable

| Pre-Work                                                               |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
|------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------|
| Y                                                                      | N                        | NA                       |                                                                       | Y                        | N                        | NA                       |                                              | Y                        | N                        | NA                       |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | AHA reviewed and signed by all members, and posted.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MSDS Sheets obtained and available          |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Daily Risk Assessment communicated, understood and signed by workers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Quality Control Been Notified of operation  |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | All required permits obtained                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area Walked Through / Inspected             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Competent Person List (can be on AHA)                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Necessary Tools and Equipment Present       |
| Personal Protective Equipment                                          |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| Y                                                                      | N                        | NA                       |                                                                       | Y                        | N                        | NA                       |                                              | Y                        | N                        | NA                       |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Hardhat bills forward                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reflective Vests                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Face shields                                |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Safety glasses                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Welding hood and gloves                     |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Leatherwork Boot                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Protection                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Burning goggles                             |
| Fall Protection (100% Fall Protection Required at six feet or greater) |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Guardrail system checked                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Harness and lanyards checked                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horizontal lifeline checked                 |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Floor Openings covered                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Opening guarded                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall openings guarded                       |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Blue fencing up                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Netting checked                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                             |
| Ladders and Scaffolding                                                |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Ladder tied off                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder extended three feet                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stepladders in open position                |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Scaffold inspected and tagged                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections properly pinned                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Components not damaged                      |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Ladder access for scaffold                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handrail in place                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planking secured                            |
| Housekeeping                                                           |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Material stacked orderly                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash cans in work area                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debris removed                              |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Cords and hoses off floor                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access maintained                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                             |
| Hoisting and Rigging Equipment                                         |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Daily crane inspection                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | One-eye per hook                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sling/chokers stored                        |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Qualified rigger named                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety latch on hook checked                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cranes flagged off                          |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Slings/chokers inspected                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knowledge of crane signals                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lift zone designated                        |
| Mobile Equipment                                                       |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Operator License                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment Manual                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily Equipment Inspection                  |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts used                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blind Spots to those around                 |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Backup alarms working                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spotters used when needed                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye Contact Being Made                      |
| Excavations                                                            |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Competent person named                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shore / shield / slope / bench proper        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavation checked daily                    |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Proper access/egress                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spoil pile 2' from edge                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers trained                             |
| Temporary Barricades                                                   |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Proper tape used (Red-Danger, Yellow-Caution)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All sides of work area barricaded            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Barricade removed or disposed of properly   |
| Electrical                                                             |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Cords checked for damage                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Inspection color on cords            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GFCI working                                |
| Environmental                                                          |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Silt fencing checked                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spill kit readily available                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Haz-Corn plan posted in work areas          |
| <input type="checkbox"/>                                               | <input type="checkbox"/> | <input type="checkbox"/> | Any spills occur today?                                               |                          |                          |                          | Estimated hazardous material generated today | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fueling area meets Dragados/FD requirements |
| Any Environmental Concerns?                                            |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |
| Comments                                                               |                          |                          |                                                                       |                          |                          |                          |                                              |                          |                          |                          |                                             |

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

Foreman Supervisor

(Circle Appropriate Title or Handwrite if neither of the above)

DATE:

10-4-16

# DRAGADOS USA

## DAILY RISK ASSESSMENT

Safety: \_\_\_\_\_ Super: \_\_\_\_\_ Foreman: **(B) (6)**  
 Project Manager: \_\_\_\_\_ Job #: \_\_\_\_\_ Date and Time: 4 OCT 16  
 Operation: Hauling & Grading

OVERALL RISK LEVEL: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

| HAZARDS            | CORRECTIVE ACTIONS                    | RISK |
|--------------------|---------------------------------------|------|
| 1 <u>Personal</u>  | 1 <u>Maintain Safe distance</u>       |      |
| 2 <u>Vehicle</u>   | 2 <u>from the road</u>                |      |
| 3 <u>Equipment</u> |                                       |      |
| 4 <u>Traffic</u>   | 4 <u>Avoid collisions + accidents</u> |      |
| 5                  |                                       |      |
| 6                  |                                       |      |
| 7                  |                                       |      |
| 8                  |                                       |      |
| 9                  |                                       |      |
| 10                 |                                       |      |

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

|                                              |                                            |                                            |                                             |                                                  |                                         |
|----------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Abrasive Blast Hood | <input type="checkbox"/> Face Shield       | <input type="checkbox"/> Safety Goggles    | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguishers      | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> 2-Legged Lanyard  | <input type="checkbox"/> Respirators (Type) | <input type="checkbox"/> Self-Retracting Lanyard | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles   | <input type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Rubber Over Boots  | <input type="checkbox"/> Stop Paddles            | <input type="checkbox"/> Other          |

### REQUIRED TOOLS

|                                                 |                                              |                                          |                                                |                                |
|-------------------------------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Air Monitor | <input checked="" type="checkbox"/> Chop Saw | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blower                 | <input type="checkbox"/> Concrete Bucket     | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chain Saw              | <input type="checkbox"/> Cutting Torch       | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chipping Gun           | <input type="checkbox"/> Electrical Cords    | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blowpipe               | <input type="checkbox"/> Stripping Buggy     | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other |

### EQUIPMENT TO BE USED

|                                                    |                                                       |                                              |                                                 |                                                   |
|----------------------------------------------------|-------------------------------------------------------|----------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Aerial Lift               | <input checked="" type="checkbox"/> Compaction Equip. | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates            |
| <input type="checkbox"/> Air Compressor            | <input type="checkbox"/> Concrete Buggy               | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck             |
| <input type="checkbox"/> Air Tools                 | <input type="checkbox"/> Concrete Pump                | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other <u>Dump Trucks</u> |
| <input checked="" type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks              | <input type="checkbox"/> Menz Mucker         | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other                    |

What is your evacuation route and assembly point?

| EVACUATION ROUTE | CREW SIGNATURES                                                            | EMERGENCY                                                                  |
|------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>(B) (6)</b>   | Signature: <b>(B) (6)</b><br>Print: <b>(B) (6)</b><br>Date: <u>10-4-16</u> | Signature: <b>(B) (6)</b><br>Print: <b>(B) (6)</b><br>Date: <u>10-4-16</u> |
| <b>(B) (6)</b>   | Signature: <b>(B) (6)</b><br>Print: <b>(B) (6)</b><br>Date: <u>10-4-16</u> | Signature: <b>(B) (6)</b><br>Print: <b>(B) (6)</b><br>Date: <u>10-4-16</u> |
| <b>(B) (6)</b>   | Signature: <b>(B) (6)</b><br>Print: <b>(B) (6)</b><br>Date: <u>10-4-16</u> | Signature: <b>(B) (6)</b><br>Print: <b>(B) (6)</b><br>Date: <u>10-4-16</u> |